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ABSTRACT

Designed for regular and special education administrators, diagnosticians, and teachers, the manual describes recommended practices and procedures for identifying and serving LD (learning disabled) children, as required by Illinois state and federal regulations. The manual is divided into the following four topic areas (sample subtopics in parentheses): identification and case study evaluation (definition of LD, screening and referral of high risk students, the comprehensive case study evaluation, eligibility for LD services, individualized education programs); educational program alternatives (continuum of services, transition between levels, program content, professional roles); measurement of student progress and program effectiveness (data collection, program evaluation, case studies); and inservice training (identification of inservice needs, planning considerations, and program evaluation). (CL)

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THE LEARNING DISABILITIES MANUAL: RECOMMENDED PROCEDURES AND PRACTICES

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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FOREWORD

The Illinois Office of Education is pleased to present The Learning Disabilities Manual: Recommended Procedures and Practices. The purpose of the manual is to assist school personnel in implementing State and Federal regulations for serving learning disabled students.

This manual was developed by a number of committees consisting of Illinois personnel working in public and private schools, universities, as well as parents of learning disabled students. These committee members demonstrated an unusually high degree of professional competence, enthusiasm, willingness to listen to one another's points of view, flexibility, and the genuine desire to be relevant and realistic. The manual is a tribute to the committee members and their commitment to students, parents, and professional colleagues. A list of the Steering Committee and Working Groups is located on pages 201-204 of this manual. The addresses have been included in order that those persons may be contacted as potential resources for the information contained herein.

Appreciation is extended to the Boards of Education, administrators, and staffs of the twelve test sites for their willingness to evaluate the manual in the field. The input was critical in determining which parts of the manual were operational as written and which parts needed revision, addition, or deletion. A list with their addresses has also been included on page 205.

The Illinois Office of Education, Department of Specialized Educational Services, gratefully acknowledges the project chairperson's and consultant's inordinant amount of time expended on this document, and recognizes the Northern Suburban Special Education District, whose staff allowed for the chairperson's time to be spent on the project. Additionally, appreciation is expressed to the Illinois Office of Education, Department of Specialized Educational Services staff who coordinated this manual as well as to the original Special Task Force on Specific Learning Disabilities, whose final position paper has been incorporated in this document.

It is anticipated that this manual will serve as a valuable resource for the field of specific learning disabilities, as well as other areas related to the education of exceptional children in Illinois. Thus, the manual is presented to the people of Illinois.

Joseph M. Cronin

Joseph M. Cronin
State Superintendent of Education

CHAPTER ONE

THE PURPOSE AND PROCESS OF DEVELOPING THE MANUAL

The purpose of this manual is to assist regular and special education administrators, diagnosticians, and teachers in identifying and serving learning disabled students more effectively. This manual describes recommended procedures and practices for:

a) identifying high risk children and conducting comprehensive case study evaluations,
b) developing educational program alternatives,
c) measuring the progress of learning disabled students and evaluating program effectiveness, and
d) planning and conducting in-service training.

The information contained in this manual can serve as a basis for establishing a learning disabilities program, evaluating and improving existing programs, and conducting in-service training. The intent of the manual is to provide alternative practices and procedures for implementing State and Federal regulations for serving learning disabled students. The manual attempts to reflect and include the various points of view which currently exist in the field of learning disabilities. It is hoped, therefore, that this manual will be helpful to professionals and parents regardless of their philosophical persuasion.

Background to the Manual

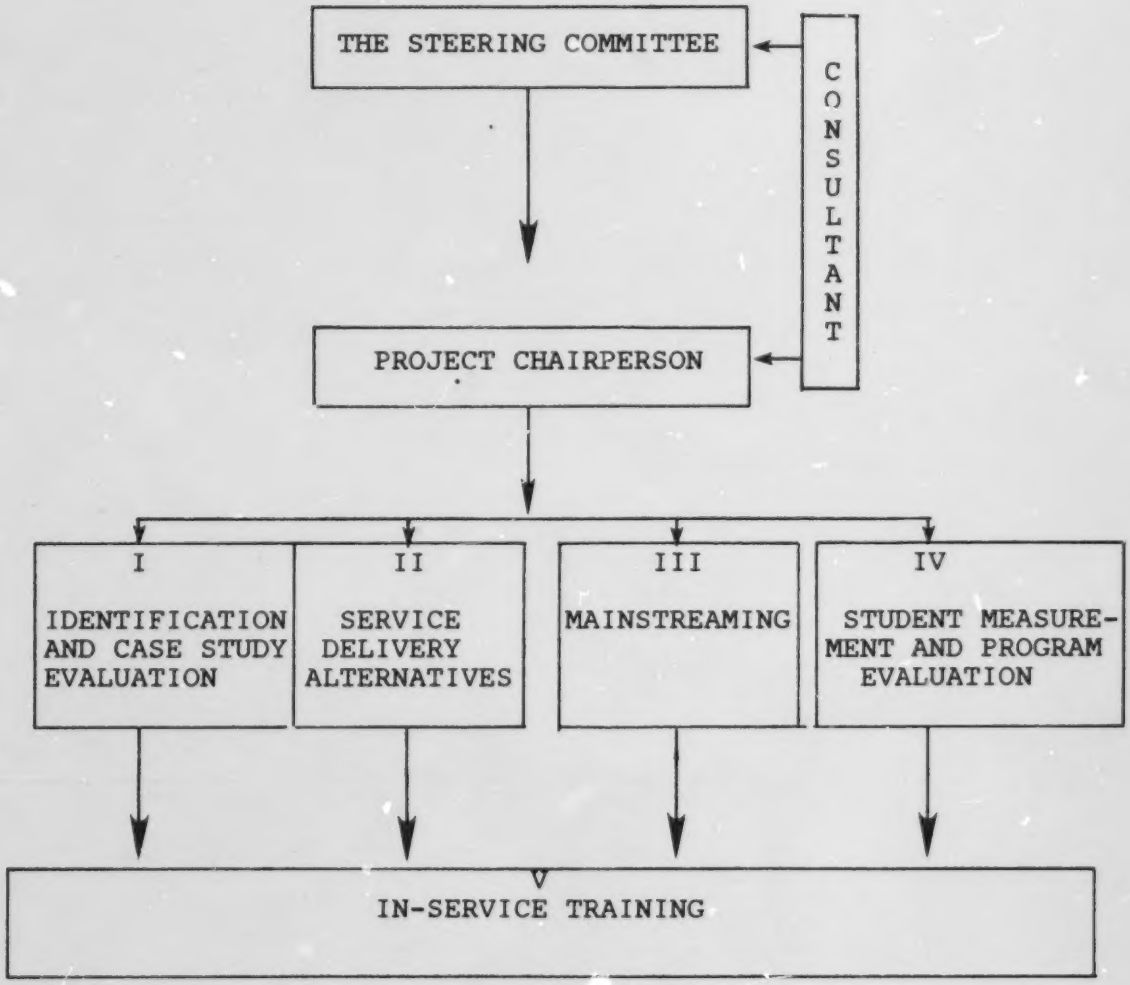
During the 1975-76 school year, Dr. Joseph Cronin, State Superintendent of Education, appointed a Special Task Force to study the area of learning disabilities. In March 1976, the Special Task Force completed a position paper on programs for children with learning disabilities which served as a statement of philosophy and direction for implementing needed services and programs for learning disabled students. The Illinois Office of Education disseminated the paper to the field and asked for reactions.

Dr. James C. Chalfant, University of Arizona, and Margaret Pysh, Director of Program, The Northern Suburban Special Education District in Highland Park, Illinois were asked to review the position paper and submit recommendations to the Illinois Office of Education.

In reacting to the position paper, Ms. Pysh and Dr. Chalfant developed a process for expanding and operationalizing the original position paper into a detailed document or manual for practitioners in the field and parents. Their process is described below and was accepted by the Illinois Office of Education and Ms. Pysh was invited to chair the project. Dr. Chalfant was asked to serve as project consultant.

FIGURE ONE

THE MODEL FOR DEVELOPING THE MANUAL



The Process of Developing the Manual

Figure One is the organizational chart which was designed to facilitate the development of recommended procedures and practices in the area of specific learning disabilities.

The Organization

1. The Steering Committee

   A Steering Committee was created to oversee the development of the recommendations for guidelines. The Steering Committee included representation from the State department of education, universities, public school regular and special education administrators, private school administrators, learning disability teachers, and parents.

2. The Chairperson

   The Chairperson for this project had the responsibility for chairing the Steering Committee and each of the five Working Groups, scheduling meetings, setting deadlines, reviewing reports, and coordinating any areas of overlap between Working Groups. The Chairperson also had the responsibility for integrating the recommendations from each Working Group and writing the final report.

3. The Project Consultant

   The Project Consultant served as a consultant and resource person for the Steering Committee and the Chairperson. The Consultant also assisted the

Chairperson in planning, conducting meetings, problem solving, and writing and editing the final report.

4. The Working Group

Five Working Groups were formed to develop recommendations for each procedure and practice in serving learning disabled students. Each Working Group consisted of five field personnel who actually identify and diagnose students in our schools, teach the students, supervise teachers, administer special and regular education programs, train teachers, or are parents of a learning disabled child. Members were selected by the chairperson, the Illinois Office of Education, various superintendents, and directors of special education as individuals who were recognized by their peers for outstanding work. Members were also selected to reflect various geographic areas of Illinois and different sizes and types of educational systems. The task of each Working Group is described as follows:

a. Working Group I developed procedures for identifying high risk students and conducting case study evaluations.

b. Working Group II described various program alternatives for serving learning disabled students.

c. Working Group III directed its efforts toward identifying problems and procedures in designing and implementing successful mainstream programs.

d. Working Group IV generated procedures for measuring student progress and evaluating program effectiveness.

e. Working Group V, composed of members from each of the other Working Groups and the Steering Committee, developed suggestions for improving program effectiveness through in-service training.

The Time Line

March 1977 -- Orient Steering Committee

The Steering Committee met to plan the scope of work.

April 1977 -- Orient Working Groups

The Working Groups received an orientation to the process, the final goal and the timeline. Each group outlined the specific topics it felt should be included in its section of responsibility.

April-May 1977 -- Write Position Papers

Each individual member of each Working Group developed a position paper.

May 1977 -- The Working Conference

The Working Groups met on a three-day retreat at Pere Marquette State Park to review one another's

position papers, generate and finalize their outlines and write the first draft of the working paper.

May 1977 -- Write Second Draft

Ms. Pysh and Dr. Chalfant reviewed the Working Groups' first draft and wrote a second draft.

June-July 1977 -- Write Third Draft

The Working Groups reviewed the second draft, made recommendations for change and Ms. Pysh and Dr. Chalfant wrote a third draft.

July 1977 -- Working Group V Conference

Several members from each Working Group met in Springfield, Illinois to write the first draft of the In-Service Working Paper.

August 1977 -- The Steering Committee

The Steering Committee met and reviewed the entire third draft including the in-service section and made recommendations.

August 1977 -- Working Group Review

Each Working Group member was sent the entire third draft for review and comment.

August 1977 -- Write Fourth Draft

Ms. Pysh and Dr. Chalfant wrote the fourth draft based on feedback from the Working Groups and the Steering Committee.

September 1977 -- The Illinois Office of Education Review

The Illinois Office of Education staff reviewed the fourth draft and made recommendations.

September 1977 -- Write and Disseminate Fifth Draft

Ms. Pysh and Dr. Chalfant wrote a fifth draft based on the recommendations of the Illinois Office of Education. The fifth working draft was printed and disseminated to the field.

November 1977 -- Public Review

Hearings were held around the State to receive comments and suggestions from the field.

December-March 1978 -- Field Test

Selected sites representing urban, rural and suburban special education programs field-tested the recommended procedures and practices.

April 1978 -- Write and Print Final Draft

Ms. Pysh and Dr. Chalfant met with field-test sites and Steering Committee and wrote the sixth and final draft of the manual incorporating feedback from hearings, written comments, and field-test sites. The Illinois Office of Education printed and disseminated the final draft.

The Manual: A First Step

This effort should be considered as a first step in helping Illinois administrators, teachers, university trainers

and parents further develop programs, methods, and procedures for meeting the needs of students with learning disabilities.

The component parts of the manual were field-tested by twelve special education programs in Illinois. The results of the field-test indicated that the manual can be used as a framework for developing local operational procedures.

Although some suggestions may appear idealistic, each practice and procedure included in the manual is presently operational in one or more Illinois special education programs.

The development of a comprehensive identification and service system entails the evaluation of current practices, identification of service needs, development of operational procedures, restructuring of roles, and in-service training. Therefore, the total implementation of the suggestions encompassed by the manual will require the development of a long-term plan and a realistic timeline. The results from the field-test sites indicated that many districts already have implemented various components of the manual.

Cross Referencing in the Manual

The information contained in the manual is cross referenced as follows:

FR: 94-142 Federal Regulations for Public Law 94-142
Federal Register, Part II, August 23, 1977

FR: LD — Federal Regulations for Learning Disabilities
Federal Register, Part III, December 29, 1977

R&R — Illinois Rules and Regulations for Special Education
Rules and Regulations to Govern the Administration and Operation of Special Education

The numbers in the manual, which accompany the cross references, refer to specific sections of the regulations. This cross referencing will assist the reader in identifying which sections of the manual are required in order to be in compliance with State and/or Federal rules and regulations, and which sections of the manual are elective. Since State and Federal rules and regulations are frequently revised, the reader is advised to obtain a copy of the referenced Federal Registers and the CURRENT Rules and Regulations to Govern the Administration and Operation of Special Education.

CHAPTER TWO

IDENTIFICATION AND CASE STUDY EVALUATION

Public Law 94-142 and Article IX of the Illinois Rules and Regulations to Govern the Administration and Operation of Special Education state that each local school district shall develop and implement procedures for the identification, evaluation and placement of all handicapped children. The purpose of this chapter is to present recommendations which should be used by local education agencies in developing procedures for:

a) identifying students who might be having difficulty in school,
b) conducting comprehensive case study evaluations to better understand students' needs,
c) determining whether or not a student is eligible for learning disability services, and
d) obtaining information which will help in writing the Individualized Education Program (IEP).

The Definition of Learning Disabilities

The State of Illinois defines learning disabled students as those students with "one or more deficits in the essential learning processes of perception, conceptualization, language, memory, attention, impulse control or motor function" (R&R 9.16.5).

Part of the mission of the 1975 Special Task Force was to further define the learning disability population. That Task Force's definition was adopted by the present Steering Committee and Working Groups for this document. Their definition is as follows:

> A specific learning disability is a dysfunctioning of one or more processes in an individual's learning pattern. These specific difficulties in processing information may occur within a single learning system or through any combination of systems (auditory, visual, motor); at the perceptual, conceptual and/or expressive level; in quantitative thinking; in one or more of the various aspects of memory; in verbal and/or non-verbal skills; in attentional behaviors.
>
> The consequence of these deficiencies and inconsistencies in processing information is a discrepancy between an individual's expected and actual achievement in the academic subjects such as reading, mathematics, composition, spelling, oral recitation and/or non-academic areas such as physical education, space and time judgments, listening, and personal relationships.
>
> A specific learning disability is to be differentiated from a difficulty in learning resulting from mental retardation, severe emotional disturbance, bilingual-bicultural difference, experiential deprivation, sensory impairments, or orthopedic conditions, although specific learning disabilities may occur in combination with one or more of these disabilities.

This definition incorporates all aspects of the Federal definition of learning disabilities as published in the Public Law 94-142 Rules and Regulations, Federal Register, August 23, 1977. (FR 94-142:121a.569) (See Appendix A, p.177).

This first chapter recommends procedures for identifying and evaluating handicapped students. The process from initial screening through writing the IEP can be viewed in

three stages. The first stage includes screening and referral procedures which identify students who may have special needs.

Stage two consists of the comprehensive case study evaluation which thoroughly diagnoses a particular student's needs.

Stage three is the development of the IEP which follows the multidisciplinary staff conference where the comprehensive case study evaluation results are reviewed and the eligibility for special education services determined.

The Identification of High Risk Students

The identification of learning disabled students should be part of a single system for identifying all high risk students who exhibit characteristics which are hindering or are likely to hinder their reaching full intellectual, academic, or social/emotional potential. A high risk student is any student who might fail in school. Identification activities should be designed to locate all high risk students from the school population, but should not assign students to diagnostic categories. Screening and referral are two major approaches to identifying high risk students.

Screening

Screening refers to a variety of procedures used to examine a general population of students in order to detect those individuals as high risk for developmental problems and/or school failure. High risk students may be located by a variety of procedures provided that the screening procedures involve a multifaceted approach, and not a single method. Screening procedures can only indicate the presence of high risk factors which then necessitate a comprehensive case study evaluation (R&R 9.09).

The presence of a learning disability is established only by a comprehensive case study evaluation (R&R 9.09) and multidisciplinary staff conference (R&R 9.15). General screening for learning disabilities is not possible at any age because the definition requires the differentiation of such conditions as mental retardation, emotional disturbance, sensory impairments, physical problems, and cultural, environmental, or instructional problems.

Annual screening must be made available to all students between the ages of three through five years as well as for elementary, junior and senior high age students (R&R 9.02). The local education agency should develop both a preschool and a school-age screening program. This will insure the systematic review of the status of all students entering the schools, those already in attendance, and students who have dropped out. Regular classroom teachers should serve in an ongoing screening capacity.

There are a number of target areas which have proven helpful in identifying high risk students. These screening areas include:

a) hearing and vision screening at regular intervals during the student's school career,

b) speech and language screening of each student upon initial enrollment in a public school,

c) annual screening by teachers and other professional personnel for referral of those students who exhibit problems within their educational setting (This may be done by observation, group tests, records, and/or a report card check.),

d) motor performance screening,

e) perceptual and cognitive functioning screening,

f) social and emotional development screening,

g) health status screening,

h) screening of information collected from parents, and

i) annual review of children previously referred, and not currently being served.

It is important to utilize more than one kind of screening because one instrument cannot identify all of the potential problems of students. Some combined, multifaceted approach would be preferable. Staff for implementing a screening program might consist of different kinds of personnel, provided they are trained to conduct certain types of screening.

Personnel might include:

a) teachers (early childhood education or regular education),

b) learning disabilities teachers,

c) speech and language clinicians,

d) psychologists,

e) social workers/guidance counselors,

f) nurses and other medical personnel,

g) other special education teachers, and

h) remedial reading teachers.

At the junior and senior high school level it is essential to screen for learning disabilities since students' problems may have been overlooked or changed. One effective screening technique at these levels is an initial reading and written language screening for each student through the English department. Another option is the creation of a carefully designed transition system for all students from junior high to high school with a review of academic entrance examination scores, teacher reports and grades. This will often identify those cases which may need further evaluation. This kind of screening should also occur each year in the high school through a review by the counselors, advisors, chairpersons, homeroom teachers and others who may have an overview of a particular student's progress academically and socially. Each high school should devise a procedure for automatically

reviewing a student's case when courses are failed, absenteeism is high and disciplinary action is frequent. This would assist in identifying more students potentially in need of special help.

Particular attention should be given to the coordination of any screening effort. Preschool or kindergarten screening require the advance publication of the need for such screening and the dates on which it will occur. This can be done through multiple public information channels. Notification also should be sent to parents through organizations such as social service agencies, medical facilities, nursery schools and day care centers. School-age child-find programs should be coordinated with each building principal in a school district in order to avoid conflicting with other school activities which may have been scheduled. Information gathered through screening procedures should be shared with parents, used to modify the environment, and/or used as the basis for further referral as soon as possible after the results are returned.

Referral

A referral is a formal procedure by which a comprehensive case study evaluation may be requested (R&R 9.09). In developing an efficient referral system, it is helpful to use a common referral form for requesting possible special education services for any student who is experiencing difficulty in school. When referrals are being considered

by school personnel, it may be helpful to first consult with the parents regarding the potential need for referral. Regardless of whether referrals come from school personnel, parents, outside agencies, or the student, referrals should be routed through a single referral processing system, and be given equal consideration and attention. (See Appendix B, p.178.)

Many schools lack a system which provides teachers immediate support in planning for or in teaching exceptional students. This may explain why so many children are inappropriately referred for special help. In order to reduce the number of inappropriate referrals, it is important to have a system for the automatic review of all referrals before they are sent to special education.

Within some school buildings the first level of response to a referral is a team of three teachers or a principal and two teachers to meet with the referring teacher. The purpose of this meeting is to discuss what the teacher wants the student to do that he/she does not presently do, the student's strengths and needs, and the methods of intervention the teacher has tried. (See Appendix C for sample teacher referral form, p.182.)

In many cases, such a team can help the referring teacher find ways of coping with the student's problem in the classroom and follow-up the effectiveness of their recommendations. The team, principal, and pupil personnel staff should determine when all of the resources within the

building have been utilized. If they determine that building level responses are insufficient and the problem can't be resolved at this level, the referral should be forwarded to the local district or joint agreement special education service unit for action, subsequent to parental permission. (See Figure Two.)

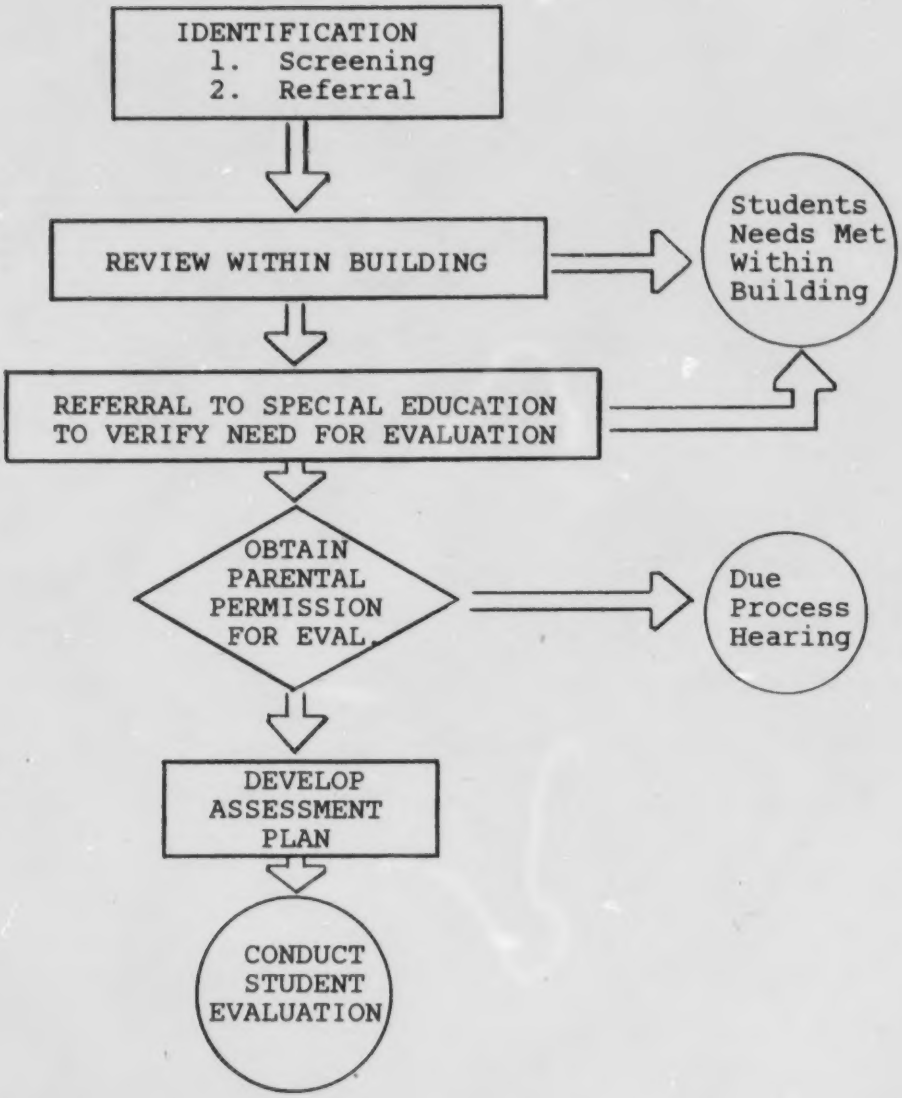
The Comprehensive Case Study Evaluation

The presence of a learning disability is established only by a comprehensive diagnostic process. This must be done by an indepth multidisciplinary comprehensive case study evaluation (R&R 9.09-3) to determine the nature of the student's problems, factors contributing to the student's problems, physical and intellectual integrities, and relevant information for use in developing an appropriate IEP. It is important to note that both the comprehensive case study evaluation and the multidisciplinary staff conference shall be completed within sixty (60) school days of the date of referral or the date of application for admittance to the public school (R&R 9.20) whichever occurs first. R&R 9.05 through 9.14 require the comprehensive case study evaluation of children and describe the general procedures for conducting a comprehensive case study evaluation.

All local school districts and/or special education joint agreements need to develop some centralized system for reviewing referrals sent to special education services.

FIGURE TWO

THE IDENTIFICATION OF HIGH RISK STUDENTS



Such a system could exist with special personnel within a building or as a centralized system within a district or a joint agreement. It is essential that systematic referral procedures be followed before referrals are forwarded to special education services for action. The principal should be responsible for insuring that follow through occurs on all referrals. If one or two persons have the responsibility for reviewing special education referrals, a rapid collection of referral material is possible, and a brief review can be made to be sure that all pertinent data have been included. In some cases it may be necessary to return the referral form to the referring source for more information. If, in other cases, the initial review by one or two staff members raises questions about the need for a comprehensive case study evaluation, then classroom observations, diagnostic teaching, or teacher consultation could be scheduled to validate the justification for an individual comprehensive case study evaluation. If a decision is reached that an evaluation is not necessary, the referring party shall be informed of the reasons for that decision and suggestions for program modifications should be made by appropriate personnel.

It is necessary to inform parents that a referral has been made (R&R 9.05) and that they will be kept informed of its status. When a comprehensive case study evaluation is necessary, written parental permission must be obtained

(R&R 9.06) and the staff members who will be involved in the evaluation should be notified so they may begin their individual assessment plans. Four basic steps are recommended for operationalizing the comprehensive case study evaluation required by R&R 9.09.

Verify the Need for a Comprehensive Case Study Evaluation

The first step before conducting a comprehensive case study evaluation is to verify that the need for an individual evaluation exists. There are many reasons why students may be identified as high risk. Teachers and parents will identify students as high risk as a result of observing such things as:

a) poor school achievement,
b) difficulty learning basic skills - reading, writing, spelling and mathematics,
c) difficulty in understanding and using spoken language,
d) social/behavioral problems, inappropriate relationships with peers and adults,
e) motor incoordination,
f) poor work/study habits,
g) inability to judge space and/or time,
h) poor motivation,
i) inability to attend to the task,
j) disorganization,
k) negative and/or unrealistic self evaluation.

These school problems may result from many different kinds of factors such as:

a) lowered intellectual potential,

b) visual or hearing impairment,

c) social/emotional or family problems,

d) physical problems,

e) poor or inappropriate instruction,

f) cultural or environmental factors such as bilingualism,

g) limited facility with spoken language,

h) specific learning disabilities such as dysfunctions of attention, perception, discrimination, memory, problem solving, concept formation,

i) central nervous system disorder/minimal brain dysfunction, and

j) unrealistic or inappropriate school expectations.

Just because a student has a problem in school does not necessarily mean he/she will require special education services. Students with learning problems, for example, are often mistakenly labeled as learning disabled solely on the basis of lowered achievement levels. Lowered achievement levels are to be expected with lower intellectual potential and do not require learning disability service.

It is wise, therefore, to conduct preliminary evaluative procedures to investigate the basic facts surrounding the performance of all "high risk" students. A preliminary check may identify those students whose problems may require the more indepth individual comprehensive case study evaluation.

If the problem can be identified and the situation effectively modified through changes in classroom methodology, curriculum, grouping content, pace, instructional personnel or environmental expectation, etc., this will hasten assistance to the student and teacher and thus relieve the burden of further evaluation.

There are several activities which should be done before obtaining parental permission and committing the efforts of a multidisciplinary team. These include observation of the student in the teaching-learning situation, working with a student in his/her problem area, interviewing the teacher, the student and/or the student's parents. A review of the student's temporary records (cumulative folders) may reveal existing data about the student's:

a) vision and hearing acuity,

b) health status and medical history,

c) emotional development,

d) social development,

e) academic history, and

f) intellectual level and learning processes.

These activities should be performed by professional personnel qualified to observe in the areas being investigated. In some instances a review of existing data will suffice for completing certain areas of the comprehensive case study evaluation. In those areas where information is not current or is unavailable, it will be necessary to obtain parental permission to carry out the evaluation procedures.

Specific techniques for verifying the need for a comprehensive case study evaluation should be generated for the early childhood, elementary, junior and senior high school levels. For example, when student is referred, decisions will need to be made about which classes should be observed and which junior or senior high school faculty members should be contacted.

Obtain Written Parental Permission

The second step in conducting a comprehensive case study evaluation is to obtain written permission from the parents to evaluate their child (R&R 9.06). It is essential that the comprehensive case study evaluation procedure be thoroughly explained to parents in their native language, so they will understand the purpose of the evaluation, the sequence of events, and their role and rights in the process. An explanatory letter accompanying the evaluation form should include a copy of Article X of the Illinois Rules and Regulations to Govern the Administration and Operation of Special Education and statements of the following:

1. the reason why a comprehensive case study evaluation has been requested,
2. the evaluation procedures that will be conducted,
3. the parents' right to review all education records,
4. how the findings of the evaluation are to be used, by whom, and under what circumstances,

5. the parents' right to refuse permission to evaluate their child (The local educational agency can then request a hearing to present its reasons for requesting an evaluation and try to obtain approval to conduct the evaluation through due process.),
6. the parents' right to obtain an independent educational evaluation which the local district must consider in its case review,
7. the concept that no changes in the student's educational status will be made without parental knowledge and consent (If the local educational agency and the parents are unable to agree on the educational program, due process procedures should be explained.), and
8. the hope that parents will bring information they feel is relevant to the multidisciplinary staffing.

An example of a parental permission form will be found in Appendix D, p.184.

It is always preferable to make a personal contact with the parents in the form of a personal conference, or a telephone call prior to sending a letter suggesting a comprehensive case study evaluation. This gives the parents an opportunity to informally ask questions and understand the intent of the evaluation. It would be helpful to supply the parents with a copy of The Educational Rights of Handicapped Children: A Parent's Guide, State Board of Education, Illinois Office of Education, Department of Specialized Educational Services, (1978).

Develop an Individual Assessment Plan

The third step in conducting a comprehensive case study evaluation is to generate an individual assessment plan. This is accomplished by reviewing all data and information which accompany the request for evaluation and by identifying potential problem areas.

The individuals who serve as referral reviewers should select the initial personnel to conduct the comprehensive case study evaluation. It is important that those people conducting the various types of informal or standardized assessments coordinate their efforts to avoid duplication or omission of relevant areas of assessment. One technique for accomplishing this is to select a case manager from the assessment team and allow that person to coordinate the assessment plan and delegate the responsibilities for each investigation to particular individuals. Another technique is to conduct a multidisciplinary assessment plan conference where the group decides what is to be assessed and by whom.

The assessment plan consists of four major components:

1. The selection of specific assessment objectives is to be written in question form. The purpose of the comprehensive case study evaluation is to answer these specific questions.
2. The selection of procedures should be appropriate for answering the assessment questions. In selecting assessment procedures it is necessary for the evaluation procedures to be effective,

yet as efficient as possible in the interest of time. In conducting a comprehensive case study evaluation both standardized tests and nonstandardized evaluative techniques, such as criterion-referenced measures, diagnostic teaching data, and observational data, may be used. If nonstandardized or group evaluation techniques are used, however, the team should state in writing how these techniques are appropriate for use with the student being evaluated and how the results of these techniques were used in determining whether or not a student has a learning disability. Although a data base is essential, it is recommended that use of a standard battery of tests for all students be avoided. The kinds of problems presented by the student should serve as a guide to the selection of the most appropriate evaluative procedures for each case.

3. The assignment of responsibility for conducting an assessment procedure occurs after the objectives and procedures have been selected. The number and roles of staff members assigned to a case should vary according to the type of problem, the severity of the problem, and the amount of information needed to generate specific program recommendations.

4. Because the comprehensive case study evaluation must be completed within sixty (60) school days (R&R 9.20), it is essential that the assessment activities be scheduled on a time line. (An example of a record keeping procedure for an assessment plan will be found in Appendix E, p.185.)

Evaluate the Student

Public Law 94-142 (FR 94-142:121a.532) outlines the evaluation procedures required for all handicapped children.

> State and local educational agencies shall insure at a minimum, that:
> (a) Tests and other evaluation materials:
> (1) Are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so;
> (2) Have been validated for the specific purpose for which they are used; and
> (3) Are administered by trained personnel in conformance with the instructions provided by their producer;
> (b) Tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient;
> (c) Tests are selected and administered so as best to ensure that when a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (except where those skills are the factors which the tests purports to measure);
> (d) No single procedure is used as the sole criterion for determining an appropriate educational program for a child; and
> (e) The evaluation is made by a multidisciplinary team or group of persons, including at least

one teacher or other specialist with knowledge in the area of suspected disability.

(f) The child is assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

In evaluating a child suspected of having a learning disability, the multidisciplinary team shall include:

a) at least one person qualified to conduct individual diagnostic examinations of children,

b) the child's regular teacher,

c) or if the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his or her age,

d) or for a child of less than school age, an individual qualified by the State Educational Agency to teach a child of his or her age. (FR:LD 121a.540)

When individual assessment plans are written to answer specific questions regarding the difficulties of individual students, the assessment/evaluation process is different for each case study. Those involved in the evaluation process must be flexible in selecting different procedures or writing new evaluation objectives because the information obtained from investigating each question may raise new questions or suggest that other procedures might be helpful.

An "inquiry" approach to a comprehensive case study evaluation focuses the multidisciplinary team's efforts in answering such basic questions as:

a) What can the student do successfully and how does he/she do it?

b) What kinds of problems does the student exhibit?

c) Under what circumstances does the student have difficulty or do things successfully?

d) How does the student try to cope or deal with his/her problem?

e) Why does the student have this particular problem?

f) How can the environment be modified to meet the student's needs?

Evaluation objectives, stated in question form, provide a rationale for deciding what to evaluate and help focus the multidisciplinary team on the kinds of evaluative procedures which might be used. The "inquiry" approach to evaluation helps streamline the evaluative process in terms of efficiency by limiting the investigation to only those things you really need to know. Multidisciplinary teams should not be restricted in their evaluative methods. The "inquiry" approach to evaluation helps cultivate a "least restrictive evaluation" because team members must respond to the student's problems, rather than to a fixed battery of tests, which are applied to each case.

Not all cases require a full battery of tests of intellectual potential, social/emotional adjustment, etc. Conducting such an extensive battery would be wasteful of staff time and money. If the record, referral, and observation reveal no other problems, and the evaluators feel their assessment

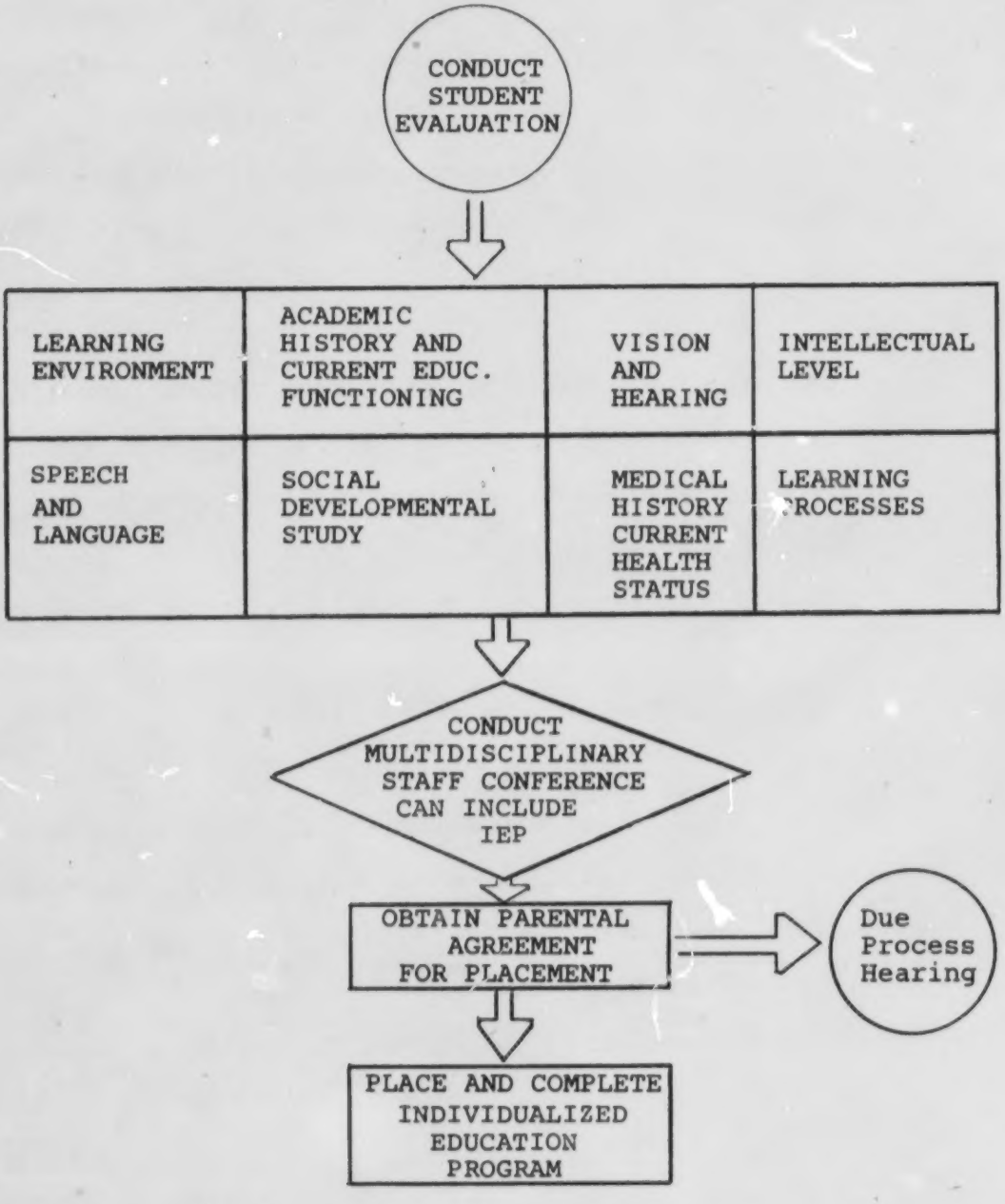
questions have been answered, then recommendations can be made specific to the problem area. The more extensive, time consuming evaluation procedures should be reserved for those cases which are multiply involved and diagnostically puzzling. Although the evaluative process may be different from one case to the next, there are a number of target areas which are often investigated during a comprehensive case study evaluation. (See Figure Three.) (See Appendix F, p.186 for sample form)

Learning Environment - "At least one team member other than the child's regular teacher shall observe the child's academic performance in the regular classroom setting. In the case of a child of less than school age or out of school, a team member shall observe the child in an environment appropriate for a child of that age." (FR:LD 121a.542) Observations should be made over a sufficient period of time to obtain an accurate account of the student's learning and social behavior in his/her learning environments, language use and pattern, mode of communication and classroom environmental expectations.

When appropriate, and particularly in the case of a preschool student, the evaluation may include an assessment of the student's behavior in the home. Such visits obviously require parent or guardian permission. Through observation or interview, it is common to discover factors in the student's learning environment which are contributing to failure or success at school, or serve as academic and social reinforcers.

FIGURE THREE

EVALUATION OF THE STUDENT



Observations of a student in different settings may reveal various kinds of behavior. For example, a junior or senior high school student may respond and learn differently in science and English than in art and physical education. This information may identify those environmental expectations and/or teaching styles to which the student can best respond.

Academic History and Current Educational Functioning - A review of the student's academic history and current educational functioning can be accomplished by:

a) reviewing the student's school record,

b) interviewing the teacher, parents and student,

c) testing the student's achievement levels, and

d) reviewing samples of the student's work.

In reviewing the file it may become clear that the student has had a particular problem since early in his/her school history. On the other hand, it may become clear that he/she has only recently developed problems in school. These different histories might alter the focus of further assessment.

An interview with the student's present and/or former teacher is among the most valuable assessment tools. The teacher, if questioned appropriately, can help the evaluator define the problem area, raise possible areas for further evaluation, share interventions which have been successful or unsuccessful, generally assist the evaluator in narrowing the focus of the evaluation or eliminate the need for further evaluation. For example, a third grade teacher might refer Bruce for a problem in the area of reading. The evaluator

may discover through interviewing the teacher that the student's problems are limited to silent reading, and only occur when the material is at grade level. In contrast, another third grade teacher might refer Mary for a problem in the area of reading. The interview may reveal that the student has trouble with math, spelling, cannot read orally or silently. The further evaluation of each of these students would be different despite the similarity of the problems stated on the referral. Interviewing all of a student's teachers at the junior or senior high school level provides a fertile source for identifying problems and solutions across subject areas.

The parents may be able to provide additional specific information through an interview or questioning session. The student is often a helpful source of information about his/her own problem. Some young students may be able to tell you their perception of the problem and their feelings about it. An older student, even mid-elementary age, may be able to give the evaluator specific information on what he/she can or cannot do, how he/she compensates, what kinds of assistance help him/her succeed or what he/she thinks the problem may be plus personal interests and expectations.

Achievement tests can be used to compare a student's skills with those of other students on a classroom, district or national level. Students are sometimes labeled when, in fact, their achievement level is only a problem in comparison to the high group norms of their classroom peers. Some

students perform well on individual achievement tests, but cannot apply the skills in the classroom. Both of these situations highlight the fallibility of relying solely on achievement test scores without reference to classroom context.

Vision and Hearing - It is important to assess visual and hearing acuity in an individual evaluation because these senses are basic to the learning process. This assessment is usually done through school screening programs which identify students who may have sensory problems. Those students who are identified are then referred to the appropriate medical sources for further evaluation. All students who fail a screening and are referred for a comprehensive case study evaluation should be rescreened before further evaluation is done. This is particularly relevant for students who present such problems as:

a) visual perceptual disorders,

b) speech and language difficulties,

c) inattention,

d) allergies, or

e) fluctuating hearing loss.

Students who are withdrawn or acting out have sometimes been diagnosed as having social/emotional disorders when in fact the behavior is a result of an underlying hearing loss.

Intellectual Level - When a student's intelligence level is being questioned, individual standardized diagnostic

techniques should be used by certified psychologists to estimate the level of intellectual functioning. Caution should be used in the choice of instruments, depending on the presenting problem. Criterion-referenced measures, diagnostic teaching and observational measures may be used to validate the results of standardized diagnostic techniques.

Speech and/or Language Functioning - The evaluation of speech and language functioning is another important aspect of the comprehensive case study evaluation. Parents and teachers are quickly aware of the student whose articulation problems make him/her difficult to understand. However, the subtle and often more debilitating language problems may be less easily noted. Some examples of possible language disorders are difficulties in symbol learning, remembering the names for things, problems organizing thoughts into sentences, and problems with using proper syntax. It is essential that a student with a suspected speech and language disorder have a recent hearing evaluation before a comprehensive speech and language evaluation is conducted to rule out a more basic sensory disorder.

Social Developmental Study - The purpose of a social developmental study is to identify possible causes and correlates of the student's problem in the context of his/her environment. A social developmental study of a student and family is usually attained through an interview with the parents or guardian of the student. Data should be obtained on the student's background by the appropriately trained

personnel with particular reference to any physical, medical, social/emotional, language, motor and intellectual-learning abnormalities. It is important to know the student's family and cultural history including where and how the family has lived, number of family members and their ages, language spoken in the home, the parent's perception of the problem and expectations for their child.

Sudden shifts in the student's performance at home or at school should be explored for possible etiologies. It is not the purpose of this exploration to obtain personal information about the parents but to identify possible causes or correlates to the student's problems. For example, there may be a difference in the remedial plan for a student who has developed problems in school just subsequent to his/her mother's death versus a student who has had difficulties since preschool.

Medical History and Current Health Status - It is important to obtain information from parents on the medical history of the student, such as early hospitalization, physical disabilities, etc. Information about past and current medications, type and dosage, can help explain the behavior and functioning level of certain students. When a team believes that a student may have an educationally relevant medical problem, the team should request that the parents seek a medical examination for the student. The medical examiner would then determine the extent and the type of medical examination to be performed. It may be

helpful to send the medical examiner a list of specific questions with behavioral descriptions. All medical information should be reviewed and interpreted by appropriate licensed medical personnel. The educationally relevant medical findings, if any, must be included in the team report. Medical and health information is usually attained by a combination of a school record review and a parent interview. In the case of a young student, it is important to thoroughly interview the parents about the health history since there is, as yet, no school health history. With an older student, a review of school health physicals, absentee records and nurses' screenings, in addition to a parental interview are all significant. For example, a high absentee record can account for signficant problems in school.

Learning Processes - One of the most difficult tasks in a comprehensive case study evaluation is to assess the learning processes. The difficulty stems from the fact that the present level of knowledge about the learning processes is limited and there are few valid and reliable standardized procedures for evaluation. There is controversy among professionals as to how helpful current procedures are in making educational decisions and in instructional planning. In view of this situation, therefore, it may be helpful to define what is meant by the "learning process."

The word "learning" refers to the gaining of knowledge, understanding and skill by experience, study, instruction and practice. The word "processes" refers to a series of

actions or gradual changes which lead toward a particular end. The term "learning processes," therefore, refers to the series of conditioned behavior patterns used by an individual to acquire new responses. Investigation of learning processes, therefore, yields information emphasizing how the student learns. There are many theories and terms which are used in trying to describe the processes. Although it is impossible to observe the learning process directly, it is possible to observe certain behaviors from which inferences about the learning processes can be made in relation to chronological age expectancy. In order to evaluate the learning processes, it is necessary to define these processes in behavioral terms so they can be observed and measured.

It is not enough to diagnose a disability in the learning processes on the basis of one or two test scores. It is necessary to validate the presence of a disability. This is done by having the student perform tasks which require the use of the process in question. If a process dysfunction exists, the student will usually have difficulty on any task that makes demands on that process. A student who has difficulty recalling and repeating what he/she has heard, for example, can be expected to have difficulty in remembering people's names, learning poetry, the multiplication tables by rote, or any task which requires auditory recall. It is necessary to assess the senses of hearing, vision, touch, and movement to insure their integrity before evaluating the learning processes.

Despite the problems associated with the learning process model, some teachers may be strongly inclined to use informal assessments of learning processes to better help them plan instruction. Such informal assessments may be attempted by having the student perform tasks which should require the use of the process in question.

It is important to remember that any instructional intervention model must be characterized by:

a) the specification of instructional objectives which are consistent with regular education programs whenever appropriate,

b) the provision of intensive, individualized, direct instruction on those objectives, and

c) the collection of precise, frequent measures of a student's mastery of those objectives so that instructional conditions can be modified to meet the student's changing needs.

Therefore, instructional planners should attempt to integrate the useful aspects of various models.

In order to demonstrate how the learning processes can be operationalized, six processes have been selected from the vast array of learning processes for discussion: attention, discrimination, memory, multiple sensory integration, concept formation, and problem solving.

Each process has been defined and a few sample suggestions included for assessing each of the processes. It is important to remind the reader that these processes are meant to be

examples of the kinds of inquiry that might occur in assessing a student's learning processes. These processes and assessment procedures are not all inclusive but perhaps could serve as an addition to the clinical procedures used by learning disabilities teachers, psychologists, and other diagnostic personnel. Regular classroom teachers, as members of multi-disciplinary teams, also need to be familiar with observable behaviors related to problems in the learning processes.

Attention: Attention refers to the selective narrowing or focusing on the relevant stimuli in a situation. Students who have difficulty attending to what they hear often fail to listen to instructions, understand what is said, and follow verbal directions. Students who have difficulty attending to visual information often have difficulty identifying critical cues which distinguish printed letters, numerals, equations, printed words or forms from each other. Difficulty in attending behavior may be generalized to nearly every task, or it may be related to a specific topic or content area. In evaluating attending behavior it is necessary to first observe, record, and describe the student's inattentive behavior accurately and then study specific situations in which attending is a problem. The following questions may serve as an aid in assessing a student's attending behavior.

1. Does the student have difficulty narrowing or focusing his/her attention on relevant stimuli?

2. Does the student have difficulty shifting attention from one stimulus to another? In space? In time?
3. Does the capability to focus on relevant stimuli diminish at an unusually rapid rate? Is the duration of attending behavior usually brief?
4. Is the inattentive behavior related to specific kinds or classes of tasks and not to others?
5. Does the student have difficulty focusing on specific kinds of stimuli?
6. Does increasing reinforcement make an appropriate change in eliciting, maintaining or increasing the focus or duration of attending behavior?
7. Does making the task easier by reducing irrelevant cues and increasing relevant cues make an appreciable difference in the student's attending behavior?
8. Does altering conditions which precede, occur, or immediately follow inattentive behavior result in any appreciable change in attending behavior?

Discrimination: Discrimination refers to distinguishing one stimulus from another. Before a student can respond appropriately, he/she must be able to perceive the unique qualities of a stimuli and differentiate one stimulus from another. Students who have problems in auditory discrimination may have difficulty in distinguishing the difference, between speech sounds or spoken words, and in learning to read, spell, compute arithmetic, or in learning to comprehend

and use oral language. Problems in visual discrimination may make it difficult to distinguish the difference between printed letters or words in reading or in matching shapes, copying, cutting, using patterns in shop, working puzzles, reading blue prints, and following recipes. Problems in haptic discrimination may interfere with fine and gross motor coordination skills such as learning to write, cut, button clothes, sew, dance, play sports, use shop equipment, or learn motor performance skills.

1. Auditory Discrimination:

   a) Does the student have difficulty discriminating between sounds?

      1) pitches
      2) rates
      3) loudness
      4) duration of sound
      5) rhythmic patterns
      6) melodies

   b) Does the student have difficulty differentiating between:

      1) consonants
      2) vowels
      3) speech patterns
      4) phrases
      5) nonsense words

   c) Does the student have difficulty identifying the source of sounds?

   d) Does the student have difficulty discriminating or reproducing groups or patterns of sounds?

   e) Does the student have a problem with rhythm and melody while the pitch relationships remain unimpaired?

f) Can the student whose motor functions are intact, reproduce rhythmic patterns when presented slowly, yet have difficulty reproducing rhythmic patterns which are presented rapidly?

g) Can the student whose motor functions are intact, reproduce single rhythmic groups, yet fail to repeat rhythmic patterns over and over as in a series?

2. Visual Discrimination:

a) Does the student have difficulty discriminating between visual stimuli? Can he/she discriminate differences in:

1) color
2) form
3) shape
4) pattern
5) size
6) position
7) brightness
8) area
9) horizontal versus vertical

b) Does the student consistently fail to see objects or printed words which fall into a particular part of his/her visual field?

c) Does the student seem to fixate on one stimulus element without shifting the gaze to other stimulus elements?

d) Does the student lack an efficient system in visually examining elements of an integral whole such as a picture? Are the eye movements random rather than systematic?

e) Does the student have problems in discriminating spatial position or direction? Matching geometric shapes? Copying? Maintaining a sense of direction? Cutting? Working puzzles? Using maps?

f) Does the student's gaze wander when an object is point out to him/her?

g) Does the student select one cue and make a logical guess, but reach the wrong conclusion (calls a pair of spectacles a bicycle)?

h) Is there unusually rapid fatigue from tasks which require continual visual attention, including behaviors such as frequent rubbing of the eyes or blinking?

i) Does the student seem to have consistent figure-ground discrimination problems under predictable kinds of conditions?

j) Does increasing the duration or the number of the stimulus presentations fail to markedly improve the student's ability to discriminate between objects or sounds?

3. Haptic Discrimination: The haptic system provides information about the environment and the state of the body itself through the senses of touch and movement. Haptic dysfunctions can interfere with everyday motor movements and acts which make little demand on the attention of most people.

a) Does the student have difficulty with touch discrimination for:

1) surface areas
2) size
3) shapes
4) angles
5) temperature
6) pressure

b) Does the student have difficulty discriminating:

1) movement patterns of the trunk, arms, legs, fingers, and tongue?
2) static positions of limbs?
3) sensitivity to the direction of linear and rotary movement of the body?

c) Does the student have difficulty recognizing or identifying objects through the sense of touch in the absence of vision?

d) Does the student have unusual difficulty learning sequences of motor movements of the fingers, arms, legs, lips, or tongue?

e) Does the student have difficulty reproducing finger positions?

f) Does the student have difficulty performing smooth movements of serial activities? Does each movement appear as an isolated motor effort?

g) Does the student have severe problems in handwriting?

h) Does the student have difficulty with balance in the absence of vision? In the presence of vision?

i) Does the student have difficulty in either gross motor or fine motor performance?

Memory: The assessment of memory functions should take into account the nature and quantity of the material to be learned on memory tasks; the student's method for rehearsing, coding and organizing information to be remembered; the kinds and consistency of responses required of the student; the necessary practice time; and his/her manner of presentation. Students who have problems in memory may have difficulty in either recognizing information when they see or hear it, or in recalling what they have seen, heard, or done. This may be observed in failure to understand and use oral language, to learn such items as nursery rhymes, the alphabet, new reading words and concepts, remembering science and mathematical formulae, locker combinations, homework assignments, and class schedules. The assessment of memory functions on intelligence tests usually focuses on memory span for digits, objects, designs, words, or narratives recalled after a single presentation. Much can be learned, however, by using informal procedures to study the effect of practice, the strategies students employ in storing and retrieving information, and the differences between memory for recall and recognition tasks.

There are many environmental factors which can interfere with memory performance. The questions listed below, however, are directed at the dynamics of the student's memory functions, and may be useful in assessing memory.

1. Does frequent repetition increase the number of elements retained on a memory task?

2. Does the student require more repetitions than other children of the same age?
3. When the student learns new material does he/she tend to forget previously learned material?
4. Is the student's performance on long term memory far more inadequate than on immediate reaction tests?
5. When the student tries to memorize a series of words are they reproduced in random order?
6. Does the student fail to recognize or correct mistakes made on memory tasks?
7. Is the student's ability to store and retrieve information easily affected by interference?
8. Does the student lack organizational strategies for selecting, storing, and/or retrieving relevant information?
9. Is the memory problem specific to visual, auditory, or haptic information?
10. Is the memory problem related to recall tasks where the stimulus is absent and must be reproduced?
11. Is the memory problem related to recognition tasks where the stimulus is present and must be appropriately identified as having been presented before?

Multiple Sensory Integration: There are individuals who function normally when receiving information through a

single sensory modality (auditory, visual or haptic), but have great difficulty when the task requires the simultaneous functioning of two or more modalities. The term "intrasensory integration" refers to incorporating two or more stimuli which are received through the same modality. An example would be relating the word "bang" to the sound of a rifle shot. Both the word and the sound of the shot are received through the auditory sense. The term "intersensory integration" refers to incorporating two or more stimuli received through different senses. An example of auditory-visual integration is relating the spoken word /k-ae-t/ to the printed word "cat" or the printed symbol H_2O to the spoken word /water/. Before investigating integrative functioning, however, it is necessary to establish that the individual functions of touch and movement, auditory and visual acuity are intact. There are several indicators that a student's problem may be at the multiple sensory integrative level:

1. Is the student's haptic functioning and auditory and visual acuity intact?
2. Does the student attend to and use information received through a single sense?
3. Does the student seem to avoid using sensory information from several senses, and seem to rely on information from a single sense?
4. Does the student have difficulty translating information received through one sense (hearing)

and recoding it through a different sense (movement) e.g., listening to music and dancing with the appropriate rhythm?

5. Does the student exhibit imitative or perseverative behavior when required to translate from one sense to another?

Most school tasks, such as reading, require multiple sensory integration. Because a child fails a reading task, however, does not mean he/she has a multiple sensory integration problem. For a multiple sensory integration problem to exist, the child must function normally in each channel when the channels are examined in isolation and fail to integrate information when demands are made on two or more channels simultaneously.

Concept Formation: Concept formation is the process of developing a specific response to a class of stimuli such as furniture. This involves classifying objects and events in terms of various attributes, relationships, and functions. The category or class that forms a concept is not in itself observable; it rests upon abstractions from perceptions of objects and events.

Students who have problems with the conceptual process may have difficulty grouping ideas, objects, and events which have common characteristics; understanding what they see, hear, or read; generalizing from experiences; expressing themselves in a clear and organized fashion; relating cause

to effect; or grasping abstract ideas. There are several questions which might be investigated to help identify problems in conceptualization.

1. Does the student have unusual difficulty in dealing with abstractions?
2. Is there a tendency for the student to function on a concrete level?
3. Does the student tend to fixate on discrete details rather than on the whole?
4. Does the student have difficulty identifying common factors among unlike objects (apple, orange, banana -- fruit)?
5. Does the student respond to only one (stimulus) rather than to a set of stimuli?
6. Does the student's vocabulary reflect concrete words and observable actions rather than abstract words? Does the student know basic language concepts?
7. Does the student have difficulty classifying the same objects in different ways (color, size, texture, function)?

Problem Solving: Problem solving refers to any activity in which prior experience is used to reorganize the components of a problem situation in order to achieve a designated objective. Problem solving is one of the most important and complex behaviors students must develop. A teacher can

assess problem solving ability by studying a student's behavior in problem situations of varied complexity. This can be done by carefully observing the student's attempt to solve problems in school, with his/her peers, and at home. Information about a student's problem solving strategies can be obtained, for example, by analyzing how a student makes decisions about spending his/her time and money, selects courses or after school jobs to take, and chooses which games to play. Performance on intelligence tests, puzzles, and mazes may also be useful in analyzing problem solving behavior.

There are a number of questions which can be asked about a student's problem solving abilities:

1. Does the student rely on trial and error techniques?
2. Does the student fail to make deliberate efforts to formulate principles or seek relationships which underlie the solution of a problem (deductive reasoning)?
3. Does the student experience difficulty moving from the parts to the whole (inductive reasoning)?
4. Does the student fail to systematically manipulate concrete objects, abstract symbols, or elements of a problem in problem solving?
5. Does the student rarely appreciate antecedent-consequent relationships?
6. Does the student fail to generalize or transfer previously learned principles to similar but new situations?

7. Is the student easily distracted by barriers to goals?
8. Is the student usually unaware that a problem exists?
9. Does the student fail to attack a problem in a systematic manner?
10. Does the student have difficulty focusing on more than one aspect of the problem at a time?

Comment: Educators typically plan educational programs for children by determining the student's current level of achievement, identifying the kinds and frequency of inappropriate behaviors which occur, administering various psychological tests to generate a profile of a student's abilities and disabilities, and establishing instructional or behavioral objectives. While all of these procedures have value, knowing a student's level of achievement, frequency of inappropriate behaviors, and mental abilities and disabilities does not necessarily indicate how the student learns best or how he/she should be taught.

There are several advantages in investigating the learning process. The first advantage is in the area of instructional planning. By relating a student's predictable learning strategies to specific task conditions, one can identify which task conditions facilitate learning and which task conditions hamper learning for that student. This information can be used to group students, not by chrono-

logical age or type of handicap, but by the way they learn and by the ways in which they need to be taught. Information about learning processes is useful in selecting the most appropriate instructional objectives, procedures, materials, and deciding whether to use a lecture, discussion, or reading/discussion format for a particular student.

The second advantage is that teachers can better anticipate and predict what students' responses might be. Directions, assignments, and explanations can be made more effectively because the teacher can modify the difficulty of the content or increase and decrease the rate of instruction. The increased probability of predicting how the student will respond enables the teacher to respond more quickly and at a more appropriate level than might otherwise be the case.

The third advantage of investigating the learning processes is that the teacher might be able to remediate deficits in the psychological processes. Failing this, a teacher might help a student learn to use his/her abilities to compensate for a specific disability.

In conclusion, the selection of appropriate instructional objectives, methods, and materials depends upon the integration of data on all aspects of the student's functioning in the context of the school's academic and social expectations.

The Multidisciplinary Staff Conference

Upon completion of a comprehensive case study evaluation, all results should be validated by observing the student in

various settings. One or more multidisciplinary staff conferences shall be convened to discuss the evaluation and reach a conclusion as to whether a student has a handicapping characteristic. (R&R 9.15) More specifically the purpose of these conferences is to:

a) establish a composite understanding of the student's problems,

b) determine the student's unique educational needs,

c) determine the student's eligibility for special education programs and related services,

d) determine the extent the student's needs can be met in the standard program, and to determine the nature and extent of special education intervention under the least restrictive alternative, and

e) identify the long range goals for the IEP.

The multidisciplinary staff conferences shall be completed within sixty (60) school days (R&R 9.20) of the date of the receipt of parental permission to conduct the evaluation. The director of special education or his/her designee shall select team members who have knowledge of those procedures which are relevant for each case. The membership of multi-disciplinary teams should vary from case to case, since the composition of the team is determined by the complexity of the student's problem and the amount of information necessary to understand these problems and develop the IEP. The team members should be limited to those personnel who can contribute significant information regarding a particular student's

problems and needs. Care in selecting team members for each comprehensive case study evaluation will help avoid using valuable staff time unnecessarily and maintain a reasonable cost per staffing. (See Appendix G, p.189.)

Each public agency must keep a record of its efforts to have parents present at the multidisciplinary staff conference. The parents shall be notified in their native language of the purpose, time and location of the conference and who will be in attendance sufficiently early to insure them an opportunity to attend. An interpreter must be made available for parents who speak a language other than English or for parents who are deaf. (R&R 9.15-2) (See Appendix H, p.191.)

To streamline the process of staffing, it is helpful to have each team member prepare a summary of his/her information on the student to be read by other team members before the staffing. This process will insure that each team member will be familiar with the results of other team members' evaluations prior to the staffing. The staff conference can then consist primarily of reviewing information for the parents, reaching consensus regarding a student's unique needs, establishing eligibility for special education services, determining necessary program components, and developing annual long-range goals for the IEP. Another alternative is to send staff summaries to the parents prior to the conference.

Eligibility for Learning Disability Services

The Federal Regulations (FR-LD 121a.541) describe the criteria for determining eligibility for learning disabilities as follows:

> (a) A team may determine that a child has a specific learning disability if:
>
> (1) The child does not achieve commensurate with his or her age and ability levels in one or more of the areas listed in paragraph (a) (2) of this section, when provided with learning experiences appropriate for the child's age and ability levels; and
>
> (2) The team finds that a child has a severe discrepancy between achievement and intellectual ability in one or more of the following areas:
>
> (i) Oral expression;
> (ii) Listening comprehension;
> (iii) Written expression;
> (iv) Basic reading skill;
> (v) Reading comprehension;
> (vi) Mathematics calculation; or
> (vii) Mathematics reasoning.
>
> (b) The team may not identify a child as having a specific learning disability if the severe discrepancy between ability and achievement is primarily the result of:
>
> (1) A visual, hearing, or motor handicap:
> (2) Mental retardation;
> (3) Emotional disturbance; or
> (4) Environmental, cultural or economic disadvantage.

This section presents guidelines for determining whether or not a student is eligible for learning disability services. Such guidelines are needed because the learning disabled population exhibits a wide range of diverse behaviors and there is some controversy over the definition of learning disabilities. In addition, there are few standardized instruments for assessing learning disabilities. Some school districts have used such programs to serve a variety of students with learning problems. The following factors

should be considered in determining whether or not a student is eligible for learning disability services.

Is the Level of Intellectual Functioning a Problem?

Students whose difficulties in school are due solely to a low level of intellectual functioning do not have a specific learning disability. The intellectual potential of students with learning disabilities usually lies in the average range of intelligence. It should be noted that a test score on an intelligence test may be depressed because of a learning disability or social/emotional disturbance. This is particularly true of students who have language problems. A learning disabled student who scores low on an intelligence test will not function or learn as a mentally retarded student with the same score. Also, a mentally retarded or gifted child can have a specific learning disability. It is necessary, therefore, to consider many factors in judging intelligence level.

It is extremely important to distinguish those students with slow learning ability who are achieving at the appropriate level from those who are learning disabled. A student with an 85 I.Q. who is achieving at that expected level and who has no discrepancy between potential and achievement is not learning disabled. The placement and education of students with slower learning rates who do not have a specific handicap is the responsibility of regular education. These

students should not be placed in programs designed to help those with specific learning disabilities. Other services should be provided.

Are There Vision or Hearing Problems?

Learning disabled students' problems are not primarily due to difficulties in the area of auditory or visual acuity. The sensory functions must be checked in order to determine whether the student's problems are attributable to this basic dysfunction. Students who have a visual or hearing impairment can be multiply handicapped and also have a learning disability in addition to the basic acuity problem.

Are There Health or Motor Problems?

There are students whose learning problems are primarily due to poor health such as malnutrition, allergies, seizures or motor dysfunctions such as cerebral palsy. These students are not learning disabled. Students with various health or motor problems may also have a learning disability; these students can be considered to be multiply handicapped. It is important to assess the extent to which each handicap is interfering with learning and decide upon remediation accordingly.

In making a differential diagnosis on students' with various health or motor related problems, one must keep in mind the effect that health problems may have on the students' performance on different tasks. For example, petit mal seizures or drug abuse might cause a student to score artificially low in a testing situation.

Are There Environmental/Cultural/Instructional Problems or Economic Disadvantages?

Learning disabled students are not those students whose problems are primarily due to:

a) inadequate preschool experience in the home,

b) poor or inappropriate instruction,

c) a particular type of school setting e.g., open classroom, team-taught or self-contained,

d) insufficient instruction as a result of frequent, moves, teacher change, grade changes,

e) cultural, economic, or language differences, or

f) expectations of the parents, school or community.

Are There Social/Emotional Problems?

The learning disabled student's problems are not primarily due to severe social/emotional difficulties. There are many students who have problems in school which may result from a poor self-concept, negative attitude, low motivation, problems with peers or adults, family disruptions or problems, or excessive mobility. These problems are important reasons to assist a student, but they do not constitute eligibility for learning disability services. Learning disabled students often develop social/emotional problems which interfere with their adjustment and learning. This is particularly the case with learning disabled adolescents. It is important, therefore, to thoroughly diagnose a student with a social/behavioral problem since the behavioral disorder may be the result of a more basic learning disability.

Are There Discrepancies in Performance?

One of the most striking indicators of a learning disability is "discrepancy in performance." These students are often characterized by extreme intraindividual differences. There are six kinds of discrepancies which can be observed and recorded by parents, teachers, or psychologists.

1. Discrepancies in Daily Activities: Parents often report wide ability differences in their child's behavior from one task to the next. For example, Elda, who is five, is bright in many ways. She seems to understand everything you would expect a five-year-old to understand, but she has never used more than two words in a sentence. Randy, for example, is the social leader of his high school classmates, but cannot read the newspaper.
2. Discrepancies Between Chronological Age and Achievement Levels: Students can show a discrepancy between chronological age and achievement level in such academic areas as oral expression, listening comprehension, written expression, reading, math and spelling even when the learning experiences are appropriate for the student's age and ability level. For example, Dallas, at age four, is still unable to say his name, or Sally, at age 16 years, cannot write a complete sentence.
3. Discrepancy Between Grade Placement and Achievement: It is common to find learning disabled

students whose achievement level is far below their present grade placement.

4. Discrepancies Between Academic Areas: Teachers often remark on disparities in performance between academic areas. For example, Kathleen does well in algebra, social studies, and science and is a leader in class discussion, but she hasn't learned to read.

5. Discrepancy Between Achievement and Potential: Potential refers to some measure of the student's mental age; the level the student might be expected to attain. Achievement is the grade equivalent score on an individual achievement test or the teacher's evaluation of the daily functional level in the classroom. Discrepancies are often found between the student's level of intellectual functioning and academic achievement. For example, Bobbe had an I.Q. of 106 and was the only girl in ninth grade who was in the third grade reader. In contrast, Sue was found to have an I.Q. of 76, yet she was one of the best readers in first grade.

6. Discrepancies Between Sub-Tests on Standardized Tests: An item analysis of the results of sub-tests may reveal that a child is normal or above in most areas but has a severe deficit in one or two specific learning abilities. Madeleine, for example, was average or above on all of the abilities

measured by the Wechsler Intelligence Scale for Children (WISC-R) except for a very severe problem in rote auditory skills. Wayne scored an I.Q. of 120 on the performance (nonverbal) section of the WISC-R, but his verbal I.Q. was only 88.

Are There Learning Process Disorders?

The concept of learning processes was defined and discussed in the section on "Evaluating the Student." Members of a multidisciplinary team may find it useful to gather and use information about learning processes to make educational and programming decisions. The federal guidelines do not include the learning processes in their criteria for eligibility. However, because the Illinois Office of Education, learning disability associations, and the Federal government all include learning processes in their definition, the presence of a dysfunction in one or more of the learning processes is being added to the criteria for determining eligibility in this manual. Process problems should be validated by observation of school related tasks.

Summary

A student should be considered eligible for learning disability services if he/she is found to be of normal intelligence, shows a marked discrepancy in performance, has specific disabilities in one or more of the learning processes and other handicaps have been excluded as explanations.

Since there is no agreement on the criteria for describing the severity of a learning disability at that time, it will be the responsibility of each district to generate criteria and field-test the efficacy of those criteria.

The team should not consider placement in a program for learning disabilities as appropriate if the evaluation determines that the student's problems are primarily due to:

a) visual or hearing impairment,

b) other physical problems,

c) intellectual retardation,

d) emotional disturbance,

e) cultural difference/economic/environmental factors, and

f) inadequate instruction.

In the event a student is found to be multiply handicapped, having a learning disability in addition to one or more of the problems mentioned above, learning disabilities services may be required in addition to other services.

The Report of the Evaluation

The Federal Regulations describe how the results of the individual comprehensive case study evaluation shall be written.

> (a) The team shall prepare a written report of the results of the evaluation.
> (b) The report must include a statement of:
> (1) Whether the child has a specific learning disability;
> (2) The basis for making the determination;
> (3) The relevant behavior noted during the observation of the child;

(4) The relationship of that behavior to the child's academic functioning;
(5) The educationally relevant medical findings, if any;
(6) Whether there is a severe discrepancy between achievement and ability which is not correctable without special education and related services; and
(7) The determination of the team concerning the effects of environmental, cultural, or economic disadvantage.
(c) Each team member shall certify in writing whether the report reflects his or her conclusion. If it does not reflect his or her conclusion, the team member must submit a separate statement presenting his or her conclusions.
(FR-LD 121a.543)

Parental Notification

At least ten (10) days prior to the actual placement of the student, the parents shall be notified in writing of the following:

1. The results of the comprehensive case study evaluation.
2. The nature of the special education program or service needed by the student.
3. The recommendations for placement and the plan for implementing those recommendations.
4. Their right to object to the proposed placement and the specific procedures in making such an objection, including the procedures for requesting an impartial due process hearing. Record of such notice shall be entered in the student's temporary student record. (R&R 9.21)
5. If the parents object to the proposed placement within ten (10) school days of their receipt of

notification, a conference shall be arranged to try to resolve the situation. If the parents continue to object, they may appeal by requesting an impartial due process hearing. (R&R 9.23). The district shall postpone its proposed placement of the student until the matter is resolved.

6. If the parents agree to the proposed placement and waive the ten (10) school day interval before placement, the student may be placed in the recommended program as soon as possible. (See Appendix I for sample form, p.192.)

The Individualized Education Program

The IEP is a written statement describing the content of the student's educational program and the manner in which special education and related services will be provided. The program must be based on relevant information obtained from the comprehensive case study evaluation and must include:

1. A statement of the student's present levels of educational performance.
2. A statement of annual goals including short term instructional objectives.
3. A statement of the specific special educational and related services to be provided to the student and the extent to which the student will be able to participate in regular educational programs.

4. The projected date for initiation of services and the anticipated duration of the services.
5. Appropriate objective criteria and evaluation procedures and schedules for determining on at least an annual basis, whether the short-term instructional objectives are being achieved. (FR 121a.346)

For further reference on IEP perparation see the Illinois Interim Resource Manual For Preparing Individualized Education Programs, State Board of Education, Illinois Office of Education, Department of Specialized Education Services (1977).

Participants in the development of the program must include a representative of the student's home district qualified to provide or supervise special education, special education director or designee, the student's teacher, one or both of the student's parents, the student where appropriate, and other individuals at the discretion of the parent or agency. For a newly evaluated student, key members of the evaluation team should participate in the meeting. (FR 121a.344) (See Appendix J for sample IEP forms, p.193.)

CHAPTER THREE

EDUCATIONAL PROGRAM ALTERNATIVES

An array of service alternatives and placement facilities is imperative if appropriate educational programming is to be developed for all students with learning disabilities. Factors which must be considered in placing students include intellectual capacity, social and emotional maturity, educational level and chronological age, individualization of instruction offered in the regular classroom of the school, grade level in school (primary, intermediate, secondary), and ability of the student to maintain himself/herself in the particular setting. A range of public and nonpublic educational services are necessary to provide flexible arrangements for a student's diverse and changing educational needs. At certain times a change in an educational setting for a specific student may be indicated because it is recognized that a student's educational and behavioral needs may be more appropriately met in a different placement.

Decisions relating to the specific placement of an individual student must be based upon the recommendations which result from an individual comprehensive case study evaluation and the multidisciplinary staff conference as specified earlier in this document. The Illinois Regulations require school districts to show evidence that a continuum of special education services is available. (R&R 3.02)

This continuum must include the gamut of options for students with learning disabilities. The relationship among the various service systems in terms of modification of the regular educational services is illustrated in Figure Four. This model represents a continuum of special educational services. (See Appendix K, p.199.) The level and type of service selected is based on the individual student's needs. The tapered design of the chart indicates considerable difference in the number of students involved at different levels and the comprehensiveness of the services. As the services become more specialized, the intensity and comprehensiveness increases but the number of students needing the service decreases. In some cases, this cascade may need to be altered to fit an individual student's needs. In addition, appropriate supportive services must be available at all levels according to need.

The education of all handicapped students, including students with learning disabilities, is the responsibility of the local school district. Every effort must be made to provide adequate and appropriate educational placement within the local public school setting. When, through the multidisciplinary staff conference process, it has been determined that a student is unable to benefit from the range of programs offered by the public school district which is in substantial compliance with the School Code of Illinois, registered and approved nonpublic schools may be considered by the local school district for placement.

Sometimes, a cooperative programming plan with the nonpublic school can be developed and the student can be enrolled part-time in the nonpublic facility and spend the remainder of the day in the public school. The total individualized education program for the student is developed and implemented by personnel from the two settings.

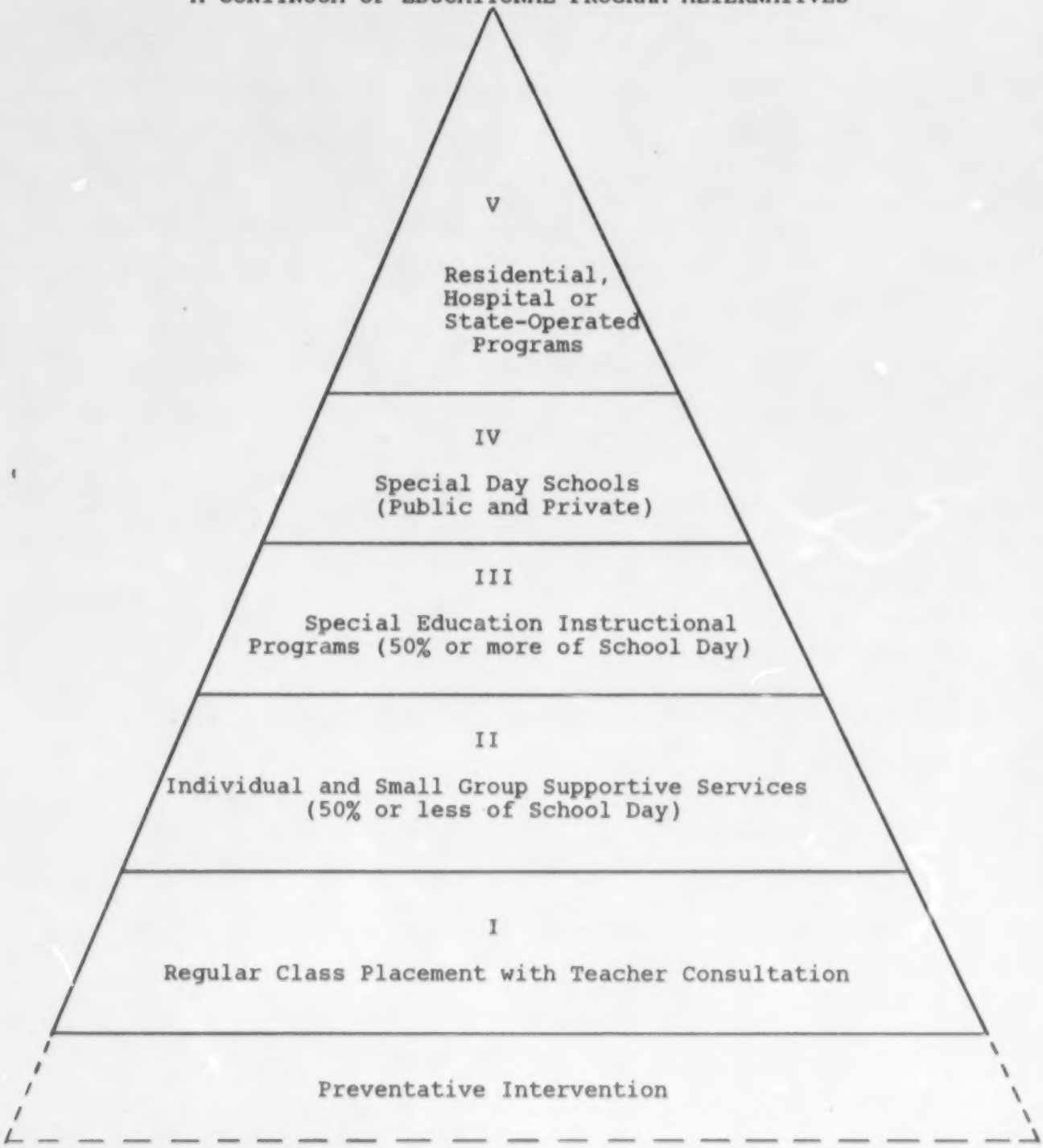
The number of students who can be served effectively in one program varies depending on the program alternative chosen. The decision on the proper caseload per teacher must result from an evaluation of such variables as the specific type of learning disability, the number of students in the special education program each period, the variety of students' problems, the teacher role definition, the availability of paraprofessional staff, school based resources, the amount and type of integration with the regular program and the emotional security level of the students. The amount of time spent in the role of consultant to regular students and teachers is paramount in determining the size of the teacher's caseload.

The Continuum of Special Education Services

The continuum of special education services model, which is presented in Figure Four, is based upon the kinds of service delivery alternatives necessary to meet the needs of special education students. Each level of the model, beginning with the Preventative Intervention Level and progressing through Level V Residential, Hospital or State

FIGURE FOUR

A CONTINUUM OF EDUCATIONAL PROGRAM ALTERNATIVES


V
Residential, Hospital or State-Operated Programs
IV
Special Day Schools (Public and Private)
III
Special Education Instructional Programs (50% or more of School Day)
II
Individual and Small Group Supportive Services (50% or less of School Day)
I
Regular Class Placement with Teacher Consultation
Preventative Intervention

Operated Programs, represents an increasing amount of special education service. The concept of placing students in the least restrictive alternative refers to the practice of placing a student in a program appropriate for his/her needs and removed as little as possible from the regular school program. Once a student is placed at a particular program level, the goal of special education services is to help the student successfully move to the next lowest level of service until the student is fully returned to the regular classroom and no longer requires any kind of special education service. It should be noted that the five kinds of alternatives necessary to meet the needs of special education students can be implemented for preschool, elementary, and junior or senior high school students who need special help. The levels will be discussed individually with specific reference to the learning disabled student.

Preventative Intervention

Schools should provide a system for supporting teachers and students who are having problems before students are declared eligible for direct special education services. The goal of such a system would be the prevention of separation and labeling of students by focusing on methods for individualizing instruction within the regular classrooms. In order to accomplish this goal, the school staff and administration must make a commitment to have the program fit the

student, not the student fit the program. Support for teachers and students can come from such sources as guidance from the principal and team teaching. Another technique for immediate teacher support is a building based Teacher Assistance Team. (See Appendix K, p.199.) This team, coordinated by the principal or designee, consists of two regular teachers who serve as problem solvers and the teacher presenting the problem. Other specialists are asked as the team feels it is appropriate. The parent is informed of the teacher's referral for help and may be invited to participate. The student is often included if he/she is sufficiently mature and aware of the problem. The function of the team is to serve as an ongoing peer group problem solving consultation source within the building. Teachers receive peer support in the form of suggestions for alternative interventions, setting realistic expectations, evaluating progress and deciding when to ask for special education services. This concept serves to increase the confidence, skill, and independence of regular teachers in dealing with students with special needs.

The preventative level is the least developed of all of the educational program alternatives and involves regular education personnel more extensively than other levels. This level requires a high degree of cooperation between special education and regular education personnel. Implemented effectively, the preventative level can decrease the number of inappropriate referrals to special education and provide support to regular teachers serving students with special needs.

Level I Regular Class Placement with Teacher Consultation

The first level of service is regular classroom placement when the student with a mild learning disability problem remains in the regular classroom. The learning disabled student receives instruction from the regular classroom teacher, who has the major responsibility for implementing the IEP designed by the multidisciplinary staff conference. Special education services take the form of consultation with the regular classroom teacher in planning and implementing the student's program.

There are variations on this regular placement which might be considered. Students with learning disabilities at the junior and senior high school level may benefit from small classes taught by subject matter specialists. In this type of program, a small group of learning disabled students meet daily with a teacher in subject areas such as English, science, etc. Each class is identified with the academic department rather than with the special education department. The learning disabilities teacher works with the academic teacher in planning and implementing the program for the students in order to gear the assignments to the needs and abilities of the students selected to participate in the program.

The learning disabilities teacher may also consult with parents in behavior management, language development, appropriate use of leisure time, teaching self-help skills, etc. Although regular class placement with teacher consultation

may appear to be a simple method of providing services to the learning disabled student, it is actually an extremely complex process in that it requires precise coordination of the services and skills of all supportive personnel involved in educating the students. There are a number of factors which are required to operationalize this service alternative effectively:

1. The classroom teacher must have the expertise and desire to attempt to individualize instruction in the classroom setting.
2. A lower student-teacher ratio and a low incidence of special education placements in a single classroom may be needed for teachers to give more attention to individualizing instruction.
3. Appropriate additional instructional materials and equipment should be made available to the regular teacher on request to meet the needs of learning disabled students. Special adapted materials such as recorded books and large print materials should be available.
4. Cooperation of regular teachers and administrators and special educators is necessary in order to make successful and appropriate curriculum modifications.
5. The learning disabilities teacher must be able to:
   a) provide in-service training to regular classroom teachers and other personnel through consultation on individual cases and/or group sessions,

b) develop or modify curriculum, methods, and/or materials for regular classroom teachers and other personnel,

c) demonstrate specific instructional methods and strategies in the classroom as the need dictates,

d) assess learning problems and make appropriate recommendations to the regular teacher.

Level II Individual and Small Group Supportive Service 50% or less (R&R 1.18)

When consultative services are not sufficient to meet the needs of moderately learning disabled students, they may be placed in a special education classroom for individual and/or small group instruction. The student spends less than 50% of his/her day in the special classroom setting. The responsibility for the student's education rests with the regular teacher. The special education teacher has the responsibility for implementing specialized services delineated in the IEP and coordinating the intervention with the regular program. The student is mainstreamed in the regular classroom for most or all courses. He/she receives instruction in a resource room in those areas in which he/she has difficulty or would not succeed in the regular program. The sessions may be primarily remedial (development of basic skills) or tutorial (supportive work in academic areas) in nature. The instruction may be on a one-to-one basis or in small groups with one teacher at any given time.

While the student may be able to deal with the concepts taught in the course work, his/her basic academic skills, as well as his/her ability to study and organize, may need the expertise of a resource room teacher. There are many ways in which the student can be scheduled for special help. A student might be scheduled for two, three, four, or even five 30-minute periods a week. In some cases the teacher might meet daily with a student for several periods totaling less than 50% of the school day.

Level III Special Education Instruction Programs
50% or more (R&R 1.03)

The 50% or more self-contained program offers an educational program to students whose needs cannot be met totally in the regular classroom setting with resource support. This may be because of problem type or severity, multiplicity of handicaps, poor self-concept, emotional instability, or lack of social awareness. These problems may make it impossible for the student to maintain himself/herself in a regular classroom for even part of a day. Self-contained programs generally require the support of ancillary professionals such as psychologists and social workers. The major purposes of self-contained classes are to:

a) aid the student in adjusting to the demands of the school setting,

b) Provide structure for the student,

c) teach the student the basic skills necessary for success in the mainstream including areas such as activities of daily living, readiness skills and social awareness, and

d) provide intensive support to parents.

Enrollment in self-contained programs should be limited because of the severity of the students' problems. Generally, teacher aides are provided to work individually with the students and class size is kept to 10 students. (R&R 4.04-4) These students are the responsibility of the special teacher.

Individually planned programs that will incorporate the benefits of both self-contained programs and regular programs should be considered for students who are unable to participate fully in a standard program. Several combinations are available. Some students may be able to be mainstreamed in one or more academic courses in which their interest level is high (e.g., science) or skill satisfactory (e.g., language-arts, math, social studies). When this type of program is planned, it will be necessary for the learning disability teacher to work closely with the academic teacher in program modification so that a student's disabilities will not interfere with successful participation in the class.

Non-academic mainstreaming permits the student to participate in areas which do not customarily require significant reading, writing or math skills, (e.g., physical education, home arts, industrial arts, music, etc.). The classes in which the student is enrolled should be carefully evaluated to provide successful learning situations.

Level IV Special Day Schools: Public and Private

Learning disabled students are placed into special day school programs only when their problems are so severe or complex that the support of ancillary services within the self-contained learning disability classroom setting is not enough. These special day school settings may be provided by the school district or may have to be purchased from private schools who specialize in these problems. There are procedures for placing students in state-operated or private school programs. (R&R 8.04) These students should be returned to less restrictive services in public school, self-contained and mainstream programs as soon as their progress permits. The public school is responsible for initiating and conducting a meeting to develop the IEP, monitoring the progress of the student and facilitating his/her re-entry into the public school system.

Level V Residential Schools

This setting is appropriate for students whose multiple problems are "profound, complex, or otherwise so unique that no special education program offered by the public schools can adequately or appropriately meet his or her needs...". (R&R. 8.01) Such placement is based upon consideration of academic problems, home environment, and social/emotional adjustment. This setting is needed by a very small number

of learning disabled individuals. Again, the public school must carefully monitor the progress of these students and facilitate return to a nonresidential setting whenever possible.

Transition Between Program Alternative Levels

The decision to increase, decrease or terminate special services must be made by the multidisciplinary team. The decision to make a transition from one program alternative level to another depends upon whether or not a student is benefiting from his/her present placement, the nature of the student's problem at this point in time and the expectation of the present and projected educational environment. It is difficult to state specific criteria for the transition of students from one level to another because many variables must be considered. There are several questions which the multidisciplinary team should consider in making placement changes.

1. To what extent has the student benefited from the present placement?
2. To what extent will the student continue to benefit from the present placement?
3. What are the students current academic social, emotional, or physical needs?

4. To what extent can the present environment be modified to meet the student's current needs?
5. How does the student's performance compare to those of other students in the present placement or in the proposed placement environment?
6. How does the student's performance compare with specific external performance standards?
7. Is further diagnostic or evaluative information needed to make a placement decision?

The decision to move students from one educational alternative to another requires ongoing monitoring and evaluation to provide the multidisciplinary team with the information for the decision-making process. The required continuous revision of the IEP serves as the vehicle for making these programmatic decisions.

Students with Problems Who Are Ineligible for Special Education Services

There are students who have learning problems or are slow learners who are not eligible for any kind of special education service under state or federal regulations. These students may be served by general education in a modified or alternative program. The learning disabilities teacher and/or specialists (e.g., teacher consultant, supervisor, psychologist, diagnostician) may serve as a consultant to the classroom teacher. Supplementary services should be

available to these students. Curriculum may need to be modified in general education and a variety of content provided. More intensive motivational techniques may need to be offered. Field trips, guidance activities, guest lectures, video, audio-visual and general positive reinforcement may need to be a part of this program in order to alleviate negativity toward school. When special groupings of these students occur, it may be necessary to modify the curriculum so that it meets the individual needs of the group. There are several alternative programs which can be used. Some examples include Title I programs, reading and math labs, alternative schools, extra assistance programs, after school homework programs, and Teacher Assistance Teams.

Program Content

Because students with learning disabilities exhibit a wide range of needs, the program content will vary from student to student. The IEP for each student provides a vehicle for tailoring program content to individual needs. There are a number of areas of instructional concern which might be written as specific instructional objectives. Among these are problems in understanding, verbal expression, visual-motor skills, academics, and subject areas. Social/ emotional behavior, work habits, attention, discrimination, memory, integration, problem solving, and concept formation should also be considered.

For learning disabled students who are placed in special education programs more than 50% of their school day it is necessary to develop special curricula. Curricula need to be developed for all age groups. This should be done at the local level by identifying both student needs, and teacher needs in the district, and developing a curriculum which is as closely related as appropriate to the curriculum used in the district.

Content by Levels

The following areas of core content should be considered at each level:

Preschool: Content of curriculum should reflect language development, socialization, motor development, conceptual development, perceptual development, self-help skills such as buttoning, zipping, tying.

Elementary (K-6): Content of curriculum should contain modified curriculum to teach the content areas such as science, health, social studies, career awareness, etc. Reading, language arts, and math skills would still be planned according to the developmental level on which the student is presently working, both in scope and sequence as reflected in the student's IEP.

Secondary (7-12): Modified curriculum content can be written for each subject matter taught. This can be done within a department or in the resource room. Additional courses should be developed at this level to teach daily

living skills, basic life skills (e.g., banking and checking), political, voting, consumer, social skills, coping skills, decision making, work habits, and social perception.

The student's program may include enrollment in pre-vocational courses, participation in classes dealing with the applied arts, involvement in work/study programs and/or participation in college preparation programs. Each program should be planned individually, taking into account intellectual capacity, areas of strength and weakness, interest and motivation of the student.

When a work/study program is begun, the first job placement for the severely learning disabled student may be in the school where it is possible to supervise his/her work closely. If difficulties arise, it is then possible for the work/study counselor or the learning disabilities teacher to be contacted immediately, before the situation develops into a serious problem. As soon as possible, it is desirable to place the student in an off-campus setting. It is in this situation that the student will have to begin to assume a more independent role and be required to account for his/her own behavior. There will be less opportunity for the student to rely upon school personnel to solve problems, and therefore, he/she will have to begin accepting responsibility for job demands.

When planning a student's program, all significant school and vocational personnel should participate in staffings so that a total picture of the student can be obtained. No decisions should be made without the participation and approval of the student and his/her family. When appropriate, the services of such agencies as the Illinois Division of Vocational Rehabilitation should be involved.

With older students, it is often necessary to develop programs which place emphasis on academic tutoring as well as remediation. Tutoring is defined as supportive instruction in content areas related to classroom assignments which are given to the student to maintain him/her in the mainstream. Remediation is the training of basic learning processes and skills for the purpose of ameliorating areas of deficit. There is a place for both types of activities in high school programs. Some learning disabled students are highly motivated and willing to participate in activities which are designed to improve areas of academic weaknesses. These students generally profit from intensive remedial work in the areas of their disabilities.

Often compensatory methods of learning need to be considered. The intellectually capable student with a reading disability may be able to use taped materials effectively. Some students in the standard program should have class assignments modified, tests and examinations read orally, work organized in small units, and instruction presented through multimedia. When a written language

disability exists, the student's responses can be dictated. The utilization of compensatory practices should be carefully planned so the student will have as much help as he/she needs but no more than is necessary.

Content Considerations for All Levels

In addition, there are several areas of core content, which should be considered at all levels. Chief among these are language development and social/emotional development:

Language Development - Impairment in language development has one of the most profound effects on the total development of the student with a learning disability. The language disability may range from very mild involvement which may be subtle and easily mistaken for attentional or attitudinal problems to very severe impairment (aphasia) which may be mistaken for deafness or mental retardation. It may affect the reception process (input), or the expressive process (output), or both.

In the classroom some students with language impairment may not listen well, be able to attend well to stories or discussions, take verbal directions well, take notes effectively, often do not retain learned material well, fatigue rapidly under auditory-verbal stimulation and give inconsistent responses. They often cannot communicate effectively because of their poor grasp of syntactic structures, impoverished vocabulary, or difficulty in retrieving words needed in conversations.

Students with language impairment are often deficient also in the auditory skills which are basic to reading. Speech sound discrimination and auditory memory for sequence such as syllables or sounds may develop very slowly and often to an incomplete degree. These deficits seriously retard the acquisition of reading skills.

Even when some measure of mechanical reading skill has been attained, the student with a language impairment will experience difficulty in understanding and interpreting the materials he/she needs. The effects of a language impairment intrude even into such non-verbal areas as mathematics, cooking or shop, hindering the student's understanding of terminology and following directions. Comparable problems are seen in the student's written language.

It is essential that the regular classroom or subject matter teacher understand and appreciate the implications of a language impairment, regardless of how subtle, on the student's efforts to learn and upon his/her teaching strategies. While the teacher may not be able to give direct attention to the student's language deficit, he/she can and should understand and be prepared to modify teaching strategies and standards for written and/or oral work.

Some students with language impairments will require the assistance of a learning disability specialist through much of their school experiences to assist with classroom work and to aid in developing self-help techniques for purposes of organization of material and recall. Other

students may need additional supplementary services to develop oral communication skills. Since some residual language impairment of any degree of severity is likely to persist into adulthood, considerations must be taken into account for purposes of developing social competency and vocational adequacy.

Social and Emotional Development - Social and emotional immaturity are not necessarily a characteristic of all learning disabled students, but the incidence of social and emotional immaturity among these students is high and should be an area of great concern to educators planning for them. Immaturity can also manifest itself in making judgments and in the ability to handle responsibility. It is important that signs of social and emotional immaturity are not mistaken for emotional disturbance. Some learning disabled children follow a course which indicates a lag in social and emotional growth as compared to chronological age.

Many learning disabled students have a negative self-concept. Depending on the age of the student and the degree to which parents and schools have been able to help the student develop feelings of self-worth, the emotional problems can range from slight to severe. Assuming that one can accept the premise that little learning will take place until the student has a positive self-image, one can realize how extremely important appropriate supportive services are for the learning disabled student.

These students often present management problems. These students suffer from a disability that is not always easily identified, diagnosed or understood. Therefore, there is often considerable confusion about how to deal with this type of student and his/her behavior. Appropriate supportive services are often essential to help the whole family cope with and adjust more harmoniously to the student. The learning disabilities teacher may offer guidance when the problem is related to school affairs, but when involvement is more complicated, the family should be encouraged to seek appropriate professional help.

Program Support and Coordination

There are four other considerations in planning the content and context for the delivery of services at the five levels described in the previous section. They are materials, physical plant, transitioning and parent communication.

Materials

Sufficient materials and equipment should be available to implement teaching plans. This may include audio-visual equipment such as a language master, tape recorder, overhead projector, movie or filmstrip projector, record player, etc. The instructional and consumable materials budget should be adequate to provide for instructional materials to implement

a student's IEP. This may include material that would be used by the regular teacher as well as the specialist. A central instructional materials center may be of value for both regular and special education teachers. A professional library should be available to all with materials concerning instruction of students with learning disabilities.

Physical Plant

It is the responsibility of every school system to provide for learning disabled students in the building which house them, a proper physical setting with an atmosphere which is conducive to learning. In order to achieve this, each building housing learning disabled students should provide for the following:

1. A classroom or learning center solely for the use of the learning disabled students. Itinerant teachers could share space by alternating days or times with another teacher. Every learning disability classroom should have proper lighting and ventilation, file cabinet with lock, chalkboards and bulletin boards, proper student and teacher furniture, sufficient space to accommodate the full range of remediation methods and techniques. Special classrooms should be interspersed among the regular classrooms at the proper age level and should be of the same size and quality as the regular classrooms.

2. A variety of audio-visual equipment necessary to special education to which the learning disability teacher has access.
3. A special education center providing a variety of high interest, low-level vocabulary materials and professional education materials. Both learning disability and regular classroom teachers should have access to the materials center.
4. Any other physical facilities provided to special education students should be comparable with those provided to regular education students.

Transitioning

Transition between special class and regular education, preschool, elementary, junior high and high school service delivery systems or one system to another should be handled with care and continuity. This is a delicate time. In order to assure smooth transition, there should be a multi-disciplinary staffing in the spring with special service staff from both schools and with parent involvement if possible. Parental consent for all transferral of records should be obtained. Observation of students should take place before and after these staffings with both the receiving and current teacher. Student visitation to the receiving school is important to alleviate anxieties on the part of the student and the parent.

Parent Communication

The teacher and district must have a regular schedule for reporting to parents verbally and in writing, perhaps three times a year. Copies of reports to parents and the content of parent conferences should be kept in the student's temporary record. Parents are to be automatically included in the multidisciplinary staff conference at which the IEP is developed, and their participation should be ongoing and central to the program. Parental support, participation, and understanding are key factors in the program's success.

Professional Roles

A comprehensive program for learning disabled students is dependent upon the close cooperation of different personnel within the school system. It is essential to coordinate those staff members who can contribute to the student's program in order to avoid having too many specialists work with a single student and offering piecemeal and fragmented services. This can be done by examining the competencies of various specialists setting instructional priorities, and carefully planning the student's program.

Special Education Supervisory Personnel

In many special education programs the missing link between handicapped students, special education teachers, administrators, and parents is the special education super-

visor. The Illinois Regulations presently require that special education services and programs be provided with state-approved supervisory services, specific to the nature of the program or service. (R&R 3.08) The recent federal and state emphasis on written IEPs for students makes the role of supervisor even more critical than ever before. Developing quality IEPs and evaluating their effectiveness is a full-time job demanding trained personnel to act in the role of case managers.

There are two major role functions of a special education supervisor: case management and administrative responsibilities. As case manager, the supervisor's main function should be the programmatic design for each student in the special education system. The supervisor should assist the teacher in selecting, writing and prioritizing academic and social goals, selecting intervention strategies and specialized materials for each IEP.

Another responsibility of the supervisor is to oversee the placement process by assisting in matching the appropriate special setting with student needs and monitoring the effectiveness of the placement by observations and staffings. Serving as special education team coordinator, the supervisor facilitates the services of other professionals to the teacher, student, or parent as needed. The supervisor is the vital communication link between building principal and special education and serves as interpreter and advocate of special education

students and system needs. The supervisor is also the crucial link with parents both as a parent and student advocate. In situations where a parent is questioning a placement or teacher, the supervisor is the key person to investigate the situation. In order to perform these multiple roles effectively, it is essential that supervisors have the proper training, experience and personal skill. This role requires a unique combination of programming knowledge, communication skills and leadership ability which does not necessarily result from course work requirements. The effectiveness of the supervisory role is usually in direct proportion to the amount of time allocated to this function. In order to be an effective case manager who is familiar with the specifics of each student's IEP, the caseload of the supervisor must be kept reasonably small.

As an administrator, the supervisor should select or assist in the selection and evaluation of teaching and paraprofessional staff in the special education program. In addition, the supervisor should serve as a resource for the identification and evaluation of program needs. Lastly, the supervisor should be responsible for keeping or reviewing all written documents such as IEPs, multidisciplinary staffing summaries, parent conference reports, and annual reports.

The Learning Disabilities Teacher

The role of the learning disabilities teacher (as is the role of many special educators) is in transition.

The expansion of services, emerging concepts, ideas and problems all must be kept in mind when specifying the functions of the role. Two dimensions of this position that should be considered are the necessary technical dimension and the human relations dimension. The technical aspects of the learning disabilities specialist include competencies in diagnosing and teaching the learning disabled student as well as helping him/her understand and cope with his/her problem.

The human relations aspect reflects a growing dimension in the role of the learning disabilities specialist; that is, working with other people. Responsibilities include working with classroom teachers, school specialists, paraprofessionals, administrators, agency representatives and parents. The tasks include in-service education, workshop development, staffings and consultations.

The self-contained classroom affords the teacher minimal opportunities for interaction with other school personnel; however, the need for ongoing communication is essential. As resource, mainstreaming and consulting models become more prevalent, the need for interdependence increases. Interaction, communication, and development of common goals are strategies for integrating the various components of the system. Objectives of a program can best be met if all persons within the system function in an integrated fashion. Competencies in human relations are needed to facilitate these functions into a coordinated working system.

There are certain basic competencies that every learning disabilities specialist should possess. In addition, the focus of specialized skills should be somewhat different at different age levels. The competencies listed below are usually taught in courses in:

a) child and adolescent development,
b) elementary and secondary curriculum,
c) methods courses in academic areas,
d) theory of learning disabilities,
e) measurement of intelligence,
f) diagnosis of learning disorders,
g) practicum in diagnosis,
h) methods in the remediation of learning disabilities,
i) practicum in remediation,
j) psychology of learning, and
k) child guidance/management.

Basic Competencies: Most students with a learning disability have difficulty with academic subjects. The problem may be in the skill areas of reading, arithmetic, spelling, handwriting, oral language and/or written expression. The disability of the older student may be reflected in problems in subject areas such as history, English, science, or mathematics. There can also be problems in non-verbal areas such as typing, drafting, physical education, etc.

The learning disabilities teacher must be able to provide both appropriate instruction for the student in the underlying correlate skills that are prerequisite to academic learning as well as support the student in the academic area itself. There are certain basic competencies which can be expected of all specialists in learning disabilities, such as:

1. Knowledge of elementary and/or secondary curriculum
2. Knowledge of developmental learning sequences in such areas as:
    a. Academic skills
    b. Motor development
    c. Social development
    d. Language development
    e. Physical development
3. Theoretical knowledge of the concept of learning disabilities and its etiologies
4. Case Study Evaluation Skills in
    a. Criteria for the selection of appropriate standardized and informal assessment measures
    b. Test administration, scoring, and interpretation
    c. Report writing
5. Individualized Education Programs
    a. Analyzing assessment results and translating into prescriptive programming
    b. Writing instructional and behavioral objectives
    c. Selecting and using methods, materials, and equipment

d. Selecting student progress measures

e. Writing progress reports

6. The ability to teach academic skills

7. Behavioral management techniques

8. Techniques for improving social and emotional capabilities of students

9. Effective communication skills with students, parents, and colleagues

10. Facility in the use of audio-visual non-book media

Special Competencies: Special competencies for learning disabilities teachers are needed for each chronological age level. For example:

1. Preschool

   a. Knowledge of language development, cognitive development, motor concept development, daily living skills

   b. Communication with parents

   c. Ability to help parents with management techniques and family dynamics

2. Elementary

   a. Knowledge of general curriculum

   b. Knowledge of communication skills to facilitate problem solving and mutual program planning.

3. Junior High

   a. Knowledge of adolescent development

   b. Knowledge of general curriculum

   c. Knowledge of pre-vocational, vocational training

   d. Ability to coordinate a student's schedule

   e. Knowledge of instructional material, behavior management and remediation techniques

4. Secondary

   a. Knowledge of career and vocational guidelines

   b. Knowledge of academic specialty

   c. Communication skills

   d. Placement counseling competency for each student (i.e., choose specific class and teacher for student in the regular program)

   e. Ability to coordinate a student's schedule

Because of the diversity of assignments and the number of teachers with whom high school students work, the secondary learning disabilities teacher generally assumes the role of coordinator of the learning disabilities student's program. All information relating to testing, planning, staffing and programming should be coordinated through the special teacher in order to develop a comprehensive, well organized program appropriate for the individual student.

5. Adult education

   a. Vocational experience

   b. Skills in guidance and counseling

c. Communication skills

d. College level (e.g. coordinate student's program)

Other Special Education Personnel

Because many learning disabled children present multiple needs, care must be taken to avoid developing individual programs in which the services are fragmented and piecemeal. Such fragmentation may be avoided by prioritizing services, scheduling carefully and allocating wider instructional responsibilities and providing support to specific staff members and/or careful scheduling. Perhaps the most efficient method for teaching children with multiple problems is to provide teaching situations where regular and special teachers work in concert to program for students. It is essential that students receive all the special education and related services they need while maintaining them in the least restrictive alternative and carefully coordinating their program. Team planning for those who will be delivering various kinds of services can provide a forum for coordinating goals and avoiding overlap of intervention. A brief list of some of the major contributions various specialities can make to learning disabled students is presented here.

1. A psychologist can play a key role in the development of screening procedures and in the differential diagnosis of learning disabled students, educational

planning, consultation with parents and teachers, individual and group therapy, and the communicating of the results of the individual student's evaluation to others.

2. Specialists in speech and language can be used to identify and assess language based problems, and do remediation with severe language disorders. It is important that the specialist in language disorders be familiar with the specific kind of learning disability a student has, how the disability affects the student's learning, and work in cooperation with the learning disabilities teacher and regular teacher.

3. The social worker can be an invaluable member of the multidisciplinary team. A social worker is particularly effective in working with the emotional problems of learning disabled students, small groups of students, family counseling, and improving the social/emotional capabilities of learning disabled students.

4. The physician, nurse and other medical personnel play an essential role in screening, diagnosis and treatment of students with problems which are physically and psychiatrically based. These personnel become vital resources for follow-up on situations involving such things as daily medication usage, seizures, or psychiatric treatment.

5. Special educators who work with early childhood pupils, trainable or educable mentally handicapped, visual or hearing impaired, orthopedically handicapped, or behaviorally disordered students can often contribute to the planning for, or the instruction of, learning disabled students with multiple problems. Cooperation often takes the form of observation, remedial suggestions, and recommendations for materials and equipment. Sometimes team teaching situations are established so that teachers with different training may work together to provide for the multiple needs of students.

Regular Education Personnel

With the increased emphasis on placing handicapped students in regular classrooms, the participation of regular education personnel in teaching special education students has increased. The roles of these regular school personnel in relation to special education students are briefly discussed below.

1. The principal is responsible for the implementation, development, and ongoing evaluation of the school system's educational program as it applies to his/her school. This person may have multiple roles, depending upon the size of the school system and the delegation of administrative responsibilities to other staff people. The major role is

the specific responsible for the flow of the general education program and curricula in his/her building. The hiring, evaluation and release of regular education staff begins at this level. In addition, the principal is responsible for the coordination and monitoring of all services that are within the scope of the building's educational program to meet the needs of the students including special education programs and services. This requires competency in relating to the special education services in that building with the intent of maximizing the concept of least restrictive alternative delivery of services.

The principal's understanding of and commitment to the concept of individualized and specialized instruction will be one of the critical factors in the effectiveness of any special education program. The tone the principal sets in the building and the support he/she gives to the staff will affect the entire system. The principal is the person who must facilitate and support the link between regular and special education in the form of integration of special students into the regular class, sharing of facilities and materials, and preventative consultation with staff.

2. The regular classroom teacher plays a central role in service to the learning disabled student. The teacher is often the first person to observe and refer the student as having a problem. He/she is also the other half of the remedial team when a student is enrolled in special education. The regular teacher works with the learning disabilities teacher to design and implement the IEP. It is suggested that regular classroom teachers be provided with pre-service and in-service training to acquaint them with the symptomatology of special education students and the skills of task analysis, curriculum modification and behavior management. These skills would increase the probability of special education students being effectively maintained in the regular program.

3. Remedial reading teachers can serve as consultants to regular classroom and learning disabilities teachers with respect to specific reading methods and materials. In addition to being able to assess the reading process, remedial reading teachers can also provide direct reading instruction to learning disabled students as outlined in a particular IEP.

4. Guidance Counselors can serve as resources to the teacher in the areas of social and emotional development. At the junior high and high school

level, guidance counselors are often a central source for helping students plan curriculum and schedules around realistic pre-vocational and career goals.

5. There are many others who need to work cooperatively to provide the learning disabled student with a full program. They include, for example, art, music and physical education teachers, pre-vocational and work study coordinators, materials center and curriculum specialists. In order for these experiences to be productive ones for the learning disabled student, it is essential that the staff have some knowledge of learning disabled students.
6. Noncertified staff such as teacher aides, volunteers, peer tutors, etc. complete the cadre of support personnel. They also need some understanding of the problems and needs of the learning disabled student as well as effective remedial techniques.

A Master Plan For Program Development

It is obvious that a school district would have difficulty trying to operationalize all of the service guidelines presented in this chapter in a brief time period. Nevertheless, all of the guidelines can be implemented over a three to five year period, provided the school district develops a master

plan for program development and generates a realistic time line. This can be done by appointing a steering committee, or an advisory council of teachers, administrators and parents to take the responsibility for generating a master plan and monitoring its implementation.

There are four major tasks involved in developing comprehensive services for learning disabled students:

1. Survey existing personnel, facilities, equipment, etc., to determine how many resources already exist which can be used to serve learning disabled children.
2. Identify what kinds of resources need to be obtained.
3. Establish priorities for delivering service.
4. Generate a three to five year time line for developing comprehensive services.

CHAPTER FOUR

MEASUREMENT OF STUDENT PROGRESS AND PROGRAM EFFECTIVENESS

The determination of "...appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short term instructional objectives are being achieved" is required under Public Law 94-142. It is essential, therefore, that systematic procedures be developed and implemented for the measurement of student progress and program evaluation. There are many reasons why it is important to measure the progress of students and the effectiveness of special education programs. Data obtained from systematic measurement can be used to:

a) indicate the extent to which a student is progressing under the instructional procedures that are being used,

b) provide the teacher with facts to evaluate the effectiveness of the instructional methods which are being used,

c) help the teacher adjust or modify his/her own expectations and standards for the student,

d) help the multidisciplinary team determine the proper amount of special education service or termination thereof,

e) demonstrate to parents the realities of the student's abilities and limitations,

f) help teachers, administrators, and lay public make decisions about program objectives and methods,

g) demonstrate efficiency and cost effectiveness,

h) provide administrators and lay public with information which will demonstrate the worth of the program so that it will continue to receive support,

i) stimulate growth and innovative programming.

This chapter presents recommendations for measuring student progress and program effectiveness. It should be noted that the basic principles of measuring student progress and program effectiveness are much the same. For purposes of clarity, however, measurement recommendations for students will be presented in the first section of this chapter and recommendations for evaluating administrative units will be presented in the second section.

Regardless of the kind of measurement model used, there are several criteria which should be considered before adopting a specific model. The measurement procedure should be easy to understand. Steps for carrying out the procedure should be clearly defined. The methods and techniques used for measurement should be simple. The system should have the capability for measuring progress at all grade levels. If measurement is important and required, administrators should schedule time in the school calendar to do it. The amount of time devoted to measurement, however, must be realistic and contribute to the instructional process.

Measuring Student Progress

There are two major reasons why it is helpful to measure the progress of a student under instruction. Measurement helps the teacher, student, parent and administrator know how well the student is progressing under present instructional methods. It also provides the teacher and supervisor with information for modifications in the instructional process.

There are many ways of measuring student progress. Teachers should help decide which measurement system is most appropriate for each objective written on the IEP. This section includes suggestions which should be considered in selecting any measurement system.

Deciding What to Measure

The first, most important and often difficult decision in measuring a student's progress is deciding what to measure. In order to develop a comprehensive measurement program, it is necessary to measure the student's progress on the annual goals, long-range objectives written in the IEP, and daily, weekly, or monthly short-term objectives. Since it isn't possible for a teacher to measure everything a student does in a learning situation, it is necessary to select priorities for measurement. The priorities for measurement should be those behaviors which can be observed and measured, and which demonstrate the student's progress under the instructional program.

The first step in any measurement program is to identify the target behaviors which are to be taught by the instructional program.

Deciding How to Measure

The teacher who is going to measure a student's progress can either compare the student's performance after instruction with his/her own performance before instruction or compare the student's level of performance with the performance of other students. There are two basic approaches which may be used to measure a student's progress.

Criterion Referenced Measures: If a teacher wants to measure student progress on a daily, weekly, or monthly basis, the criterion referenced test is a useful method of measurement. Criterion referenced tests are concerned with measuring progress on whatever has been taught. The teacher constructs a test for that which is taught. This means the teacher must know exactly what it is he/she wants the student to do after instruction which requires an explicit description of the desired performance, the condition under which it occurs, and the standard for having performed successfully. The criterion referenced test might take the form of a teacher made performance test, checklist, rating scale, behavioral inventory, work sample, or measures, such as attendance. The measures which are taken often include:

1. Frequency of the appropriate or the inappropriate behavior:

   Frequency is the number of times a particular behavior occurs during a determined length of time. In order for this to be a meaningful measure of behavior, it is necessary to hold constant the amount of time allowed for responses and the number of opportunities that the student has to respond. Frequency can also be the number of times a particular behavior occurs during a given task assignment.

2. Percent of appropriate and inappropriate responses

3. Duration of time:

   a) on task

   b) for learning the appropriate response

   This technique measures how long a particular behavior lasts as a percentage of the observation time. This technique is useful for measuring behaviors that may last a long time or that may occur at a particularly high rate.

4. Rate of responding:

   During a unit of time, rate is the frequency of a certain response. It is found by dividing the total number of responses by the time during which the responses occurred.

5. Forcefulness of response:

This refers to the intensity of volume and strength of a response plus the rapidity with which it is made. This kind of measurement often can reveal how confident a student is about a response.

6. Mastery Measurement System:

This refers to a task analysis of the skills or information that a student must learn. The material or skill is broken down into small, progressive steps. The student must meet a predetermined mastery level of performance at one step before moving on the the next step.

Criterion referenced tests have the advantage of measuring that which has been taught in addition to reflecting the gains a student has made, regardless of how great or small they may be. Their greatest disadvantage is that they measure only what has been taught. A criterion referenced test will not indicate carry-over or transfer of learning nor will it compare the student's abilities with those of his/her peer group.

Informal Evaluation: There are several informal procedures which teachers use in evaluating student progress. These include anecdotal descriptions of behavior and events, subjective judgements about student behavior, feedback from students and parents. Although these procedures are often subjective or nonsystematic, experienced teachers often gain valuable information related to student progress, particularly in the affective area.

Standardized Measures: In contrast to the criterion-referenced tests, standardized tests are statistically normed instruments whose purpose, instructions, content and scoring procedures have been carefully researched and evaluated. Therefore, a student's performarce on standardized tests tends to be the same on repeated administrations of the same test.

Standardized tests provide an objective method for comparing the skills of one particular student with other students and normative samples. They can also serve as a check to see if learning has been transferred to new situations. Subtests on a standardized test often furnish diagnostic information useful in pinpointing the specific problem area as well as providing information useful in remediation. Standardized tests provide a number of comparative statistics which can be used for descriptive purposes. Developmental norms include such scores as grade equivalents, mental age, and ordinal scales. Within group norms include percentiles, standard scores, and deviation IQ.

Standardized measures have several disadvantages. Among these is the inability to measure small gains in specific areas which have been the targets of remediation. The goals of a standardized test are often quite different from the purposes of a teaching program. On group tests the teacher is not always able to observe or control situational factors which inhibit maximum test performance. General scores in and of themselves often fail to reflect usable

information. In addition, a student's performance in a standardized test situation may be altered by emotional stress. It should be remembered that tests which have been standardized on typical children may not be valid or reliable for an atypical group. All standardized test results, regardless of whether or not the tests were standardized on the population in question, should be validated by several different kinds of measures, particularly observation of the student.

There are five kinds of standardized tests which may be used in measuring a student's progress. These are:

1. Educational achievement tests:

   Achievement tests are designed to measure the effects of a specific program of instruction or training. Most educational achievement tests measure the amount of information, knowledge and/or skill which has been acquired. Achievement tests measure the effects of relatively standardized sets of experiences. Such tests may include measures of general achievement as well as achievement in special skill areas such as reading or mathematics. Both individual and group achievement tests are available. It is important to note that a student may perform very differently (frequently lower) on a group test than on an individual test.

2. Diagnostic measures:

   Diagnostic tests are designed to analyze the individual's specific strengths and weaknesses and to identify possible causes for difficulties.

3. Performance measures:

Performance tests measure a student's nonverbal responses to varying situations. These tests do not require the ability to deal with words, and are, therefore, often used for examining the deaf, speech defective, the illiterate, and the non-English speaking.

4. Cognitive functioning measures:

Tests of cognitive abilities have been designed to assess intellectual functioning. Areas typically assessed by such tests are:

a) intellectual ability
b) memory
c) visual-spatial perception
d) discrimination
e) concept formation
f) creativity
g) psycholinguistic abilities
h) visual-motor coordination
i) abstract and concrete thinking

Such tests are always subject to theoretical objections, but used appropriately and in addition to other measures they can yield helpful data for planning programs and identifying areas needing further analysis.

5. Personality measures:

   The measurement of personality characteristics is concerned with emotional adjustment; social traits involving relations with other persons; character traits such as honesty, perseverance, and cooperativeness; motivational aspects of behavior; interests and attitudes; and self-concept. Testing instruments for measuring personality characteristics include inventories, forced choice techniques, interest inventories, attitude scales, value inventories, judgment scales, internal-external locus of control scales, projective techniques, word association tests, pictorial techniques, and open-ended expressive techniques. Personality measures should only serve as a screening technique to determine the need for referral to those professionals trained to evaluate social/emotional problems.

Deciding Who Will Measure

There are four major groups of people who are usually active in the measurement process: teachers, students, parents, and other professionals.

1. The teacher will usually be responsible for measuring student progress. This makes sense because the teacher has usually been the major developer of the objectives, the intervention technique, and the measurement format, and has responsibility for

their implementation. The teacher can schedule measurement at his/her convenience and can record results immediately after the performance occurs.

2. When at all possible, students should be given some responsibility for monitoring and measuring their own behavior. This means that the student must understand the difference between appropriate and inappropriate behavior, accept the responsibility for self-evaluation, and understand how to apply the measurement procedures. Taking responsibility for recording one's actions, however, is an advanced skill. Before a student can do this, it will be necessary for the teacher and the student to each record behaviors and compare their data. A student should not be responsible for measuring his/her own progress if:
    a) the student is very young
    b) for a particular reason, the identification of the objective is being withheld from the student
    c) the student is intellectually or emotionally unable to measure his/her own behavior
    d) the student has physical problems which prevent his/her keeping data
3. There are situations when measurement should be done by professionals other than the student's

teacher, such as a supervisor, psychologist, principal, or fellow teachers, in order to provide a different perspective.

4. Parents can also measure a student's progress at home and in the community if they are given the proper training and guidance.

Planning the Data Collection Schedule

After deciding what to measure and how to measure it, it is necessary to develop a schedule or time line of when measurement is to occur. Many texts, published materials and curriculum items include built-in data collection schedules listing both specific skill areas and timelines.

Since it is not possible to measure every behavior all the time, specific times for measurement to occur must be set aside. There are three general time periods when measurement can be done--before instruction begins, during instruction, and after instruction has taken place. A predetermined time must be scheduled for measurement. This may be done on a daily, weekly, monthly, quarterly or annual basis.

Measurement before Instruction Begins: If a student's progress in an instructional program is to be measured, it is essential to describe his/her behavior or determine his skill or ability level before instruction takes place. All future progress can be measured from this point. The term "baseline information" refers to the student's performance before instruction. Baseline information should be a combination of criterion referenced and standardized measures.

Measurement during Instruction: There are a number of advantages in measuring a student's progress during instruction. Chief among these is to determine if the student has achieved a particular subskill so the next subskill may be introduced. Measurement during instruction helps the teacher evaluate the effectiveness of his/her methods with respect to a student, modify the instructional procedure, alter his/her expectations for the student, or select new objectives of greater or lesser difficulty.

Unfortunately, it isn't possible for teachers to record everything at once and remember all they hear and see. For this reason, it is essential that teachers develop the habit of recording their observations quickly and easily. This requires that teachers give some thought as to what aspect of the target behavior is to be recorded and how. There are a number of questions that are of value in studying problem behavior:

1. What is the frequency of inappropriate responses? Appropriate responses?
2. What is the rate of the student's inappropriate responses? Appropriate responses?
3. What is the duration of the behavior under observation?
4. What is the force of the behavior under observation?
5. How many trials are required before an appropraite response occurs?

6. What is the rate of learning during the mastery of an objective?

Measurement after Instruction: Measurement after the instructional program has been completed allows the teacher to compare the student's current level of performance with his/her performance before he/she received instruction. Ongoing measurement can be done on an annual, semester, or quarterly basis depending on the duration of the instructional program.

Writing Specific Performance Objectives

The target objective which is being measured should be stated so explicitly that the teacher knows when the objective has been achieved. The written objective has three major components:

1. The desired behavior the student must perform to achieve the objective. (e.g., the student can say numbers 1-10 by rote.....)
2. The condition under which the student must produce the desired behavior. (e.g.,...by looking at those numbers written in sequence...)
3. The standard for having achieved the objective. (e.g.,...with 100 % accuracy in one trial a day for five days.)

Therefore, the entire objective would be written as follows:

"The student can say numbers 1-10 by rote by looking at those numbers written in sequence with 100% accuracy in one trial a day for five days."

A thorough discussion of writing specific performance objectives may be found in the Illinois Interim Resource Manual for Preparing Individualized Education Programs, State Board of Education, Illinois Office of Education, Department of Specialized Education Services (1977).

Implementing the Schedule

When the child is placed and intervention is begun, the responsible persons begin collecting data on a predetermined schedule. The data is compiled and analyzed at specified intervals for consideration during the ongoing decision making process.

Alternative System for Grading Performance

It is vital to recognize that the learning disabled student is typically forced to compete with a grade level classroom standard academically. Yet the learning disabled student can only be expected to achieve at a level appropriate for him/her based on his/her limitations and modified instructional program.

All of these difficulties must be taken into consideration when assigning a grading system. A variance in the standard grading system is essential:

1. Grading a student at his/her own instructional level, e.g., placing on a report card the expected functioning level and the grade he/she would receive at that level
2. Reducing expectation level, e.g., if the student's expectancy is 80% of the class norm, his/her 80% would be equivalent to 100%, since he/she is functioning at his/her full potential
3. Double grading using a competitive grade based on grade level expectancy and a grade for effort
4. Narrative reports
5. Ranking compared with normal peers or by effort

Sample Format One

A systematic behavior based measurement system typically includes the following nine steps:

I. Identify the behaviors to be measured
II. Plan how and who will collect baseline data
III. Gather baseline data
IV. Write specific performance objectives and set criterion level for achievement
V. Plan ongoing data collection schedule
VI. Implement the intervention
VII. Collect data
VIII. Compile and analyze data
IX. Consider data in decision making

A case example is presented to demonstrate how the steps of the evaluation process described in this section can be applied. When teachers need to evaluate in the cognitive realm, there are some resources available to them such as lists of objectives and a variety of testing instruments to determine the behaviors to be measured. Behavioral problems or affective concerns are a different matter. In order to identify and evaluate problem areas or target behaviors in this realm, teachers will have to rely primarily on their own resources. The elements of this example should serve as a guide.

Step I: Identify the Behaviors to be Measured - In this example, the student problem to be corrected was identified by the teacher as short attention span. In order to measure the extent of this problem, the teacher had to first translate the condition into measurable behaviors. The specific behaviors that the teacher developed were as follows:

1. Does not complete assigned work within a specified time
2. Does not maintain eye contact with assigned material
3. Leaves assigned area
4. Plays with pencil after task assigned
5. Verbalizes after task assigned

Step II: Plan How and When to Collect Baseline Data - In order to measure the frequency of these specific behaviors, the teacher developed an observation checklist. To use this

checklist, the teacher had to observe the student at various times during the week for five minute intervals. The teacher planned the data collection times as follows:

Monday	9:00 - 9:05 A.M.
Tuesday	9:50 - 9:55 A.M.
Wednesday	11:10 -11:15 A.M.
Thursday	1:10 - 1:15 P.M.
Friday	10:30 -10:35 A.M.

The observation checklist which the teacher developed looked like this:

Day	Time Period	Failure to Maintain eye contact	Leaves Assigned Area	Plays with Pencil	Verbalizes
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
TOTALS					

On this checklist, the teacher had to record the time of day that the observation occurred and the number of times the behavior occurred within that particular observation interval. This was done through the use of checkmarks (X).

Step III: Gather Baseline Data - During the third week of the semester, the teacher used the checklist to gather

baseline data. Although the teacher was not able to completely adhere to the timetable, adequate data were collected. Presented below are the results:

Day	Time Period	Failure to Maintain eye contact	Leaves Assigned Area	Plays with Pencil	Verbalizes
Monday	9:10-9:15	xxxxx	xxxx	xxxxx	xxxxx
Tuesday	9:50-9:55	xxx	xx	xxx	xxx
Wednesday	11:20-11:25	xx	x	x	x
Thursday	1:10-1:15	xxx	xx	xx	xxxx
Friday	11:00-11:05	xxxxx	xxxx	xxx	xxxx
TOTALS	25 min.	18	13	14	17

In addition to this data, the teacher recorded that the student turned in 6 out of 8 assignments late.

Step IV: Write Specific Performance Objectives and Set Criterion Level for Achievement - Using the information from the baseline data and combining this with the specific behaviors, the teacher developed the following performance objectives and criterion levels:

During seatwork,

1. The student will improve the frequency of eye contact with assigned material as measured by a 50% decrease in lack of eye contact.
2. The student will improve the frequency of staying in his/her assigned area as measured by an 80% decrease in out-of-assigned-area behavior.

3. The student will improve the frequency of not playing with his/her pencil as measured by a 70% decrease in pencil playing behavior.
4. The student will improve the frequency of a decrease of verbalization as measured by a 60% decrease in verbal activity.
5. The student will complete assignments on time 80% of the time.

Step V: Plan Ongoing Data Collection Schedule - The teacher realized that this behavior problem was a severe impediment to any cognitive learning. As a result, the teacher decided to evaluate student improvement in this area after a two week interval. Since the baseline data were collected during the third week, the teacher set the sixth week as the time to collect the evaluation data.

Step VI: Implement the Intervention - During this step, the teacher employed various behavior modification techniques aimed at reducing the behavior problem. Using practice exercises, modeling techniques, and positive reinforcement, the teacher attempted to improve the attention span of the child.

Step VII: Collect Evaluation Data - After two full weeks of employing the intervention strategy, the teacher again used the observation checklist to collect evaluation

data. The teacher tried to collect this data at approximately the same time of the day that the baseline data had been collected. The results which occurred are presented below:

Day	Time Period	Failure to Maintain eye contact	Leaves Assigned Area	Plays with Pencil	Verbalizes
Monday	9:00-9:05	xxx	x	xxx	xx
Tuesday	9:50-9:55	xx	x	xx	
Wednesday	11:10-11:15	xx		x	
Thursday	1:10-1:15	xxx	x	x	
Friday	11:00-11:05	xxx	xx	xx	xx
TOTALS	25 min.	13	5	9	4

The teacher also recorded that the student had completed 8 out of 10 assignments.

Step VIII: Compile and Analyze Data - In order to determine whether or not the criterion levels specified in the performance objectives had been reached, the teacher had to compare the actual results with the hoped for results. The following chart illustrates this comparison:

	BEHAVIOR	CRITERION LEVEL	ACTUAL LEVEL
1.	Failure to maintain eye contact	9 or less	13
2.	Leaves assigned area	3 or less	5

3.	Plays with Pencil	5 or less	9
4.	Verbalizes	7 or less	4
5.	Completes Assignments	80% or more	80%

The teacher realized that these results were very positive. All of the negative behaviors were substantially reduced. Two out of the 5 objectives had results which were compatible with the criterion level. Hence, two of the objectives were mastered:

1. Verbalization - mastery achieved at 60% level
2. Assignment completion - mastery level achieved at 80% level

Step IX: Consider Data in Decision Making - The teacher used the data that had been gathered in two ways. The first way was to assess the effectiveness of the intervention strategy. The teacher decided that because the intervention had significantly reduced the negative behaviors, it was appropriate and fairly successful. The teacher also used the data for planning purposes. In other words, the teacher decided to continue with the same intervention strategy for another two week interval. Because of the data that were provided, the teacher would concentrate the intervention techniques in the three behavioral areas that had not been mastered. After that time, the teacher would reevaluate to see if the mastery levels had been reached on all five objectives.

Sample Format Two

This sample format presents a checklist, which can be used by teachers to structure a plan for measuring student progress. This checklist includes the concepts which have been discussed in the section on measuring student progress.

Name of Teacher:
Type of Program:

Name(s) of Student(s):

Age of Student(s) (years and months):

What are your reasons for measuring the student's progress? (check appropriate items)

____ student progress under instruction used
____ evaluation of instructional methods
____ help adjust teacher expectations
____ determine amount of special service
____ demonstrate a student's abilities/limitations to parents
____ help administration, teachers and lay public make decisions regarding programming
____ demonstrate efficiency and cost effectiveness
____ demonstrate worth of program
____ stimulate innovative programming

STEP I

Deciding What to Measure

Behaviors measured must be observable, measurable and demonstrate instructional progress. Identify target behaviors that are taught by the instructional program. (check appropriate items)

____ grade level gains in academics
____ aquisition of academic subskills
____ affective behaviors
____ work habits
____ understanding and using language
____ cognitive abilities (circle appropriate item[s]) attending behaviors, discrimination learning, memory, concept formation, reasoning and problem solving
___ motor performance skills

(List target behavior[s] selected)
1.
2.
3.
4.
5.

STEP II

Deciding How to Measure
(check appropriate items)

____ comparing the student's performance after instruction to his/her performance before instruction
____ comparing the student's performance with performance of other students

Approaches
(check appropriate items)
____ Criterion Referenced Measures - teacher constructed tests measuring progress on specific skills which have been taught

____ performance test
____ checklist
____ rating scale
____ behavior inventory
____ work samples
____ unobtrusive measures - such as attendance

Criterion Referenced Measure(s) Used
(check appropriate item[s])
____ frequency of appropriate/inappropriate behaviors (correct/incorrect responses)
____ percent of appropriate/inappropriate behaviors (correct/incorrect responses)
____ duration of time on task for learning appropriate responses
____ rate of responding
____ forcefulness of response
____ mastery measurement system

Provide a short description of criterion referenced measure(s) used:
1.
2.
3.
4.
5.

Informal Evaluation
(check appropriate item[s])

____ anecdotal descriptions of behavior and events
____ subjective judgments
____ feedback from students
____ feedback from parents

Standardized Measure: Standardized Statistically Normed Instruments.
(check appropriate item[s])

____ educational achievement test(s)
____ diagnostic measures

____ performance measures
____ cognitive functioning measures (circle appropriate item[s])
intellectual ability, memory, visual, visual spatial perception, concept formation, creativity, psycholinguistic ability, visual-motor coordination, abstract-concrete reasoning
____ personality measures

List Standardized Measures Used
(include names of subtests if appropriate):
1.
2.
3.
4.
5.

STEP III

Deciding Who Will Measure
(check appropriate items[s])
____ teacher(s)
____ student(s) - if able and properly trained
____ parent(s) - if able and properly trained
____ other professionals (describe)
1.
2.
3.

STEP III & IV

Planning the Data Collection Schedule
Development of a schedule or time line of when measurement is to occur; this must be predetermined before data is collected.

(specify date using month and day)
before instruction (baseline) - date _____

during instruction (if evaluating subskills or instructional methods) after instruction

STEP IV

Writing Specific Performance Objectives
The following 3 components are necessary:

1. The desired behavior the student must perform to achieve the objective. (e.g., the student can say numbers 1-10 by rote....)
2. The condition under which the student must produce the desired behavior, (e.g.,...by looking at those numbers written in sequence...)
3. The standard for having achieved the objective. (e.g.,....with 100% accuracy in one trial a day for five days.)

Therefore, the entire objective would be written as follows:
"The student can say numbers 1-10 by rote by looking at those numbers written in sequence with 100% accuracy in one trial a day for five days."

(List your specific performance objectives)
(Precede objective by a check to ensure that it contains all 3 components)

____ 1.

____ 2.

____ 3.

____ 4.

____ 5.

STEP VI & VII

Implementing the Intervention and Collecting the Data
The implementation consists of delivering the instruction designed to change the target behavior(s).

Collecting the data - record on graph paper considering levels of performance and data collection schedule.

Evaluating the Learning Disabilities Services of an Administrative Unit

There are several reasons why it is important to measure the efficiency and effectiveness of the learning disabilities programs provided by special education administrative units. Continued financial support of special education services is often contingent on the demonstration of the program's effectiveness to administrators, boards of education, and communities. Second, as organizations move through continual

cycles of formation and development, there should be periodic measures taken of the effects of change. Third, program effectiveness and efficiency can be affected by changes in the goals of the organization, alterations in operating procedures, differences in staff composition, and fluctuations in state and federal guidelines. Continuous evaluation is necessary in order to monitor program effectiveness and efficiency as a result of the many changes which can occur over time, both within and outside an administrative unit. When a valid system for measuring student progress exists, there is a data base which can be used to make decisions about program efficiency and effectiveness.

The six step procedure for evaluating the efficiency and effectiveness of administrative units responsible for delivering special education services is similar to the procedure for measuring student progress.

Identifying the Service Components to be Measured

The first decision to be made is the level of the administrative unit to be evaluated. This may include staff, building, local district, or joint agreement levels. An outline of potential target measures is presented for each.

A. Staff Competencies
   1. Administrators
   2. Supervisors

3. Teachers

4. Noncertified

B. Building Level Effectiveness

1. Within building programs

2. Staffing patterns

3. Role of special education teachers

4. Physical plant

5. Materials/Curriculum

6. Ancillary services

7. Record keeping

8. Integration between special and regular education

9. Understanding of special service

a) Students

b) Parents

c) Professional staff

d) Non-instructional staff

1) Instructional level

2) Administrative level

C. District/Joint Agreement Levels

1. Program consistency between buildings or districts

2. Communication network

a) Professional

b) Community

3. Administrative support

4. In-service opportunities
5. Compatibility of philosophical and operational aspects of the program
6. Cost effectiveness
7. Operating procedures

Deciding How to Gather the Data

There are a number of techniques which can be used to measure the effectiveness and efficiency of special education services. These include:

a) review of written material describing an agency's organization and function,
b) review of records and files,
c) interviews with staff members,
d) personal observation and description of the unit in action,
e) staff questionnaires, checklists, and inventories, and
f) time in motion studies.

Deciding Who Will Gather the Data

There are many situations when the staff in the administrative unit can systematically gather data to show the effectiveness of the program. These would include such things as:

a) the number of students screened, diagnosed, and placed in special services by grade level and age,

b) the number of students per professional workers,

c) group data showing the progress of students receiving the service, and

d) cost per student.

The data in an agency can be gathered by local, joint agreement and state agency administrators, instructional personnel (e.g., special education, regular education, auxillary), and community members (e.g., parents and outside agencies). One approach which has proven effective is to have different individuals evaluate different aspects of the administrative unit's programs, and then collate the report from each area and look for overlap of functions or problems common to each area.

One of the basic facts of science is that "an organism cannot study itself." If, therefore, it is desirable to conduct a comprehensive evaluation of the performance of an administrative unit, much of the evaluation may need to be conducted by someone outside the agency. An impartial evaluator is often particularly important because it is difficult to be objective about one's own program. This is particularly true when the survival of one's program, staff members or job may be in question.

Planning the Data Collection Schedule

A time line for evaluating each aspect of the services to be studied should be written. An example of a time line for the first step in a programmatic evaluation of a local

district learning disability program's identification and diagnostic process may be found in the example beginning on page 139. The first step in a programmatic evaluation is gathering baseline data on the program through observation or descriptive analysis. Appendix B is divided into four segments which include the components which need to be considered in planning the descriptive analysis phase of a programmatic evaluation:

Objectives for Analysis: What is to be measured?

Procedures: How are the targets to be measured?

Persons Responsible: Who is to measure?

Due Date: When is each component due?

Gathering Data

Gathering data on the different aspects of special education services provided by an administrative unit can identify those areas where improvements are needed. These include such things as administrative structure, staffing patterns, operating procedures, physical plant, record keeping, communication systems, services provided, and cost effectiveness. If one is planning to evaluate the effectiveness of a planned change in his/her agency, it is important to gather baseline data which will describe the status quo, before the change was made. Subsequent measures will then provide data which can be compared to the baseline data to evaluate the degree and type of change which has occurred since the intervention.

Reporting Evaluation Results and Recommendations

The results of an evaluation of a special education program will usually be presented in the form of organizational charts, graphs, and tables. Recommendations which are submitted to a superintendent or board of education usually contain such things as:

a) background to the study,

b) purpose of the evaluation,

c) procedure for evaluating,

d) results and implications, and

e) recommendations.

The recommendations should include a statement of what is expected to occur if the recommendations are implemented.

Program Evaluation Case Study

An evaluation plan is presented which demonstrates how objectives, procedures, responsible persons, and a time line can be designed to describe the identification and diagnostic process in a school district.

PROCEDURES FOR DESCRIBING THE IDENTIFICATION AND DIAGNOSTIC PROCESS

First Year Goals and Time Line

Objectives for Analysis	Procedures	Persons Responsible	Due Date
I. How are children with learning and behavior problems identified?	1. Written description of all identification procedures by building (including identification during academic year and summer). 2. Include any forms used for identification in buildings. 3. List of teacher's reasons for identification and frequency count. 4. Number of children identified for this year A. Number identified by fall and spring kindergarten screening (amount of LD teacher time used). B. Number identified by other screening devices. C. Number identified by referral process. 5. Population base of school. 6. Describe how regular teachers learn about referral system. 7. Supervisor analyzes and evaluates information.	1. L.D. teachers write 2. Supportive special service team reviews 3. Reviewed by supervisor.	First document, Part A, is due January 7. L.D. teacher sends to supervisor

PROCEDURES FOR DESCRIBING THE IDENTIFICATION AND DIAGNOSTIC PROCESS

First Year Goals and Time Line

Objectives for Analysis	Procedures	Persons Responsible	Due Date
II. What is the review process for children who have been identified as needing help?	1. Written description of routing and review process for referrals in each building (include process for making final decisions). 2. Supervisor analyzes and evaluates information.	1. LD teachers write 2. Supportive special services team reviews. 3. Reviewed by supervisor	First document, Part B, is due January 7. LD teacher sends to supervisor
III. What are the due process, parent notification procedures?	1. Written description of due process procedures in each building. (When do parents get involved? How are they notified? When do you get parents approval and how?) A. When? B. How? C. Who? D. Forms? 2. Supervisor analyzes and evaluates information.	1. LD teachers write 2. Supportive special services team reviews 3. Reviewed by supervisor	First document, Part C, is due January 7. LD teacher sends to supervisor

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PROCEDURES FOR DESCRIBING THE IDENTIFICATION AND DIAGNOSTIC PROCESS

First Year Goals and Time Line

Objectives for Analysis	Procedures	Persons Responsible	Due Date
IV. What is the diagnostic process used in case study evaluations?	1. Written description of diagnostic process in each building. A. Sequence for diagnostic process B. Decision making and diagnosis 1) Diagnostic objectives; what is to be done? 2) Diagnostic procedures; how is it to be done? C. List of diagnostic tests and procedures. D. Guidelines for referral for district psychological testing. E. Guidelines for referral to other agencies. 2. Data A. Number of children tested by (September -January 1976) (include second level diagnostic part of kindergarten screening.) 1. Consultation time during diagnosis with a) teachers, b) parents. 2. Individual assessment time. B. Number placed in 1) Direct instruction 2) Consultation 3) Other specified service	1. Teachers	Second document is due February 15. LD Teachers send to supervisor

PROCEDURES FOR DESCRIBING THE IDENTIFICATION AND DIAGNOSTIC PROCESS

First Year Goals and Time Line

Objectives for Analysis	Procedures	Persons Responsible	Due Date
IV. Continued	2. Data (Continued) C. Number returned to class with no service.		
What is the diagnostic process used in case study evaluations?	3. Review diagnostic reports and recommendations.		
	4. Time in motion study of diagnosis (each teacher selects five representative cases for diagnosis) Supervisor will generate form with components for diagnostic evaluation time in motion study. 1) Preparation 2) Test administration 3) Test scoring and interpretation and recommendation 4) Staffing 5) Conferring	2. Teachers 3. Reviewed by supervisor	

PROCEDURES FOR DESCRIBING THE IDENTIFICATION AND DIAGNOSTIC PROCESS

First Year Goals and Time Line

Objectives for Analysis		Procedures	Persons Responsible	Due Date
V. What are the post-diagnostic staffing procedures?	1.	Reporting-Integrated (process description). How are recommendations generated? How does placement occur? How is individualized education program devised?	LD teachers	
	2.	Follow-up (progress, decisions)		
	3.	Parent feedback		
	4.	Teacher feedback		
	5.	Student feedback	Reviewed by supervisor	Third document, Part C, is due March 15
	6.	Administrative feedback		
	7.	Consultants site visit		
VI. How are the Individualized Education Programs written?	1.	How are the programs recorded?	LD teachers write	Third document Part is due March 15
	2.	Who does it?		
	3.	When is program written?		
	4.	Consultants make review of program	Reviewed by supervisor	
VII. Prepare the final report		Consultants will prepare the final report	supervisor	Final report is due May 1.

Concerns of Teachers, Administrators and Supervisors About Measurement

The recent federal and state emphasis on writing IEPs, measurement, and accountability will undoubtedly bring more focus, organization, and precision to our efforts in developing special education services and teaching handicapped children. There is an inherent danger in measurement which must always be kept in mind. Measurement and evaluation are often perceived as a threat by those who are being measured, evaluated, and judged. Parents, administrators, and teachers must not look upon the IEP as a legal, binding contract. If this occurs, and teachers are held strictly accountable for achieving every objective written for an academic year, teachers will begin writing a limited number of simple objectives which they believe a student can probably achieve and can be measured easily. If this happens, complex objectives which are difficult to teach won't be written or taught. Teachers must have the right and the security to select objectives and design services based solely on the student's needs.

A similar situation exists when administrators attempt to measure the effectiveness and efficiency of the programs for which they are held accountable. If a program evaluation is to be successful, it is essential that it be done automatically as part of a continuous process for monitoring,

reporting, and decision making. This is in contrast to program evaluations especially scheduled for a decision which must be made within a limited time frame. When a program evaluation is needed for decisions affecting the components or very existence of the program, an outside evaluator or evaluators may be called in for purposes of objectivity.

Regardless of whether one is concerned with student progress or program operation, an effort must be made to assist teachers, supervisors, administrators, and parents in perceiving and using measurement as an ongoing activity, which is an essential component of a quality program. To achieve this goal, in-service training on measurement is needed for all concerned personnel.

CHAPTER FIVE

IN-SERVICE TRAINING

The first three chapters of these recommendations describe "best practice" procedures for establishing services for learning disabled students. The personnel who have the responsibility for implementing the recommendations must possess the necessary competencies to operationalize these "best practice" suggestions. Federal regulations under Public Law 94-142 require districts to develop and implement a comprehensive system of personnel development for general and special education services. (FR 94-142:121a.380)

Unfortunately, the objectives, content, and strategies for delivering in-service training have often been selected solely on the basis of an administrator's, supervisor's, or a committee's subjective perception of a staff's needs. This kind of unilateral decision making may or may not be appropriate to the actual in-service needs. In many in-service programs there are no choices. Everyone attends the same program. Teachers who are required to attend in-service sessions which are inappropriate for their competency and skill levels are usually disinterested and develop attitudes of resentment toward in-service activities.

The purpose of this chapter is to present suggestions for planning and delivering in-service activities which will be viewed as helpful and appropriate by the teachers for whom they are intended. More specifically, this chapter

presents suggestions for:

a) fixing the responsibility for planning in-service activities,

b) identifying the in-service needs of target groups and individual staff members,

c) planning in-service training programs,

d) delivering in-service training to different target groups, and

e) evaluating the effectiveness of in-service training efforts.

Fixing the Responsibility for Planning

An open communication process is the foundation for relevant in-service planning and cooperation. This includes planning in-service for children, parents, teachers, supportive services, administrators, university personnel, and State office of education staff. The responsibility for planning in-service for a particular target group should rest with the target group themselves, their administrative superiors, and those they serve. If the personnel who have the day-to-day responsibility for a particular task have input into the decision-making process of planning in-service programs, it will secure their support and cooperation. It will also enhance the likelihood of follow-through and the program's success.

It is suggested that each local school district, joint agreement, or institution form an in-service team whose membership consists of people who are knowledgeable and interested representatives of target groups and a mixture of educators, administrators, parents and community members. Team members should possess the ability to communicate and empathize with members of the target groups. The role of this in-service team would be to organize, facilitate, and coordinate the in-service efforts. The team, however, would not necessarily conduct the training.

There are two ways to establish an in-service team. One alternative is to establish a centralized team for an entire joint agreement. This system would facilitate uniformity of effort, funding, organization, and calendar. This team might have the disadvantage of necessitating the inclusion of large numbers of people, which could hamper communication/decision making. The second alternative is to design a decentralized team concept with in-service teams in each district. This second alternative has the advantage of maximizing local specialization and management, but may eliminate broader funding possibilities and resources.

A team approach to planning and implementing in-service is recommended. If local districts, state departments, and universities would pool their programmatic and financial resources, the probability of planning and delivering quality in-service would increase because of the enhanced resources.

Identifying In-Service Needs

The first task in identifying in-service needs is to determine the basic administrative unit for study, such as individual staff members, building level staff, district or cooperative level staff.

There are three basic approaches for conducting an in-service needs assessment.

The Structured Survey Instrument

It is sometimes helpful to develop a survey instrument based on previously agreed upon competencies. The survey instrument might include any one of the following:

a) survey interview,

b) questionnaire,

c) checklists, or

d) observations followed by a checklist or questionnaire.

The instrument can be completed by teachers, supervisors, administrators, and/or those they serve. Rankings of high, moderate, or low priority can be made for each item. The same instrument can be completed by an individual either for himself/herself or for another target group. For example, a special education teacher can assign priorities for himself/herself, his or her colleagues, or other groups such as regular teachers or principals. In-service needs should be validated by comparing the perceived needs of teachers, supervisors, administrators, parents, and students.

The Open-Ended Questionnaire

A second instrument is an open-ended questionnaire where a person might list the three in-service activities which would benefit the individual, his/her colleagues, or other groups. The advantage of an unstructured approach is that the personnel have the opportunity to express what they feel they need most.

A Combination Open-Ended and Structured Questionnaire

In many cases it is helpful to first administer an open-ended questionnaire in order to have the target group express their concerns. The responses can then be collated into a master list and made into a structured questionnaire which would then be rank ordered.

Considerations in Planning In-Service Training Programs

Knowledge of content does not necessarily guarantee the ability to deliver effective in-service training. Quality in-service programs are dependent upon:

a) personnel who know how to teach others,
b) the creative use of instructional models for conducting in-service training,
c) the flexible use of dissemination strategies, and
d) the wise use of incentives for making in-service participation attractive to staff members.

The next section will describe some of the factors which should be considered by those who have the responsibility for delivering in-service training.

Identifying Key Training Personnel

Four major resources for identifying key personnel for delivering in-service training are the local education agency, universities, the Illinois Office of Education, and professional organizations and parent groups.

1. Every local education agency has a number of knowledgeable personnel who are capable of leading in-service sessions. Unfortunately, most of these individuals do not advertise their expertise and it is often necessary to seek them out and convince them they have something special to offer. Regular classroom teachers, special education personnel, supervisors, administrators, and parents should be identified and actively recruited for the in-service effort. These competent, but modest people, represent a resource which no educational agency can afford to waste.
2. Universities are noted for having staff members with knowledge of content areas. Some university personnel lack experience in translating their theories and approaches into operating procedures which can be applied in our schools. This situation can be alleviated or avoided by mutual agreement

between university and school personnel about the purpose of the in-service training, the specific skills each participant needs to learn, the physical arrangements necessary to conduct the workshop, and the evaluation and feedback procedures. University personnel can also be used as a source for content, readings, and course work for credit.

3. The Illinois Office of Education is an excellent resource for identifying in-service workshop leaders in the schools. Information about in-service programs and planning from the Professional Development Centers, Media Centers, Regional Service Agencies can be obtained from the Illinois Office of Education. The development of in-service activities is one of the mandates of State office staff and should not be overlooked as a resource.

4. Professional organizations and parent groups such as the Division of Children with Learning Disabilities, the Association for Children with Learning Disabilities, the Council for Exceptional Children and the Illinois Alliance for Exceptional Children and Adults, are excellent sources for identifying potential in-service workshop resources. Local, chapters, state divisions and national groups may have other suggestions.

Instructional Models for In-Service Training

There are a number of models which can be used to conduct in-service training. Chief among these are:

a) visits to local demonstration centers,

b) workshops which emphasize participant involvement with follow-up sessions,

c) competency training on-site,

d) classroom observations,

e) periodic seminars,

f) programs where personnel are exchanged between programs or agencies,

g) retreats, and

h) role playing.

Dissemination Strategies

Information about new methods and techniques or changes in rules and regulations may be communicated through filmstrips, videotapes, demonstration teaching, newsletters, public media, conferences, brainstorming and gripe sessions. The format for conducting workshops depends, of course, on the content to be presented. Nevertheless, there are a number of factors to be considered such as the behavioral objectives for the participants, the sequence of events and time line, descriptions of individual and group activities, supplies, audio-visual equipment, handouts, space, arrangement of chairs and tables, and workshop evaluation forms.

Incentives for In-Service Participation

The principle of reinforcement applies to teachers as well as to students. College credit, credit on the pay scale, released time, personal leave, visitation days, paid expenses, stipends, or public recognition may be used to encourage teachers to attend in-service activities. Regardless of the specific form it takes, teachers who take the time and effort to improve their competencies should be rewarded in some way. Public Law 94-142 requires the use of incentives to insure the participation of personnel in in-service training.

Target Groups for In-Service Training

In order to deliver quality service to learning disabled students, it is necessary to expand the concept of in-service recipients to include the Illinois Office of Education Staff, universities, boards of education and nonpublic facilities staff, instructional personnel, and diagnostic staff and non-instructional staff, parents, and community services.

Individuals from each of these target groups have an important role in providing effective programs for learning disabled children. More importantly, individuals from each of these groups must work together to provide quality programs. In-service training can assist each target group in staying current, increasing competency, and understanding each other's interrelated roles and functions.

Illinois Office of Education Staff

Communication between the Illinois Office of Education and local education agencies is an important priority for both parties. The channels for communication which have been established provide the mechanical means for sending and receiving messages. It is suggested that teachers, supervisors and administrators in the schools develop an annual in-service program for the Illinois Office of Education staff. The purpose of such an in-service would be to share local points of view, positions, and problems, and to suggest alternatives for mutually resolving these problems with the Illinois Office of Education staff. Public school people conducting in-service for State office personnel may facilitate a continued mutual understanding and an ongoing two-way feedback system.

University Personnel

In-service for university personnel needs to focus on an increased communication network between the university, the parents and the professionals in the field at the local and state level. Local education agencies are the consumers of the research completed and the teachers trained in our institutions of higher education. Unfortunately, however, at present there is no systematic way for the field to express its priorities, concerns and programmatic needs to the university. Perhaps a forum for ongoing communications

about such areas as professional preparation, role expectations and definitions, certification, in-service, and diagnostic needs would be helpful.

University personnel need to be aware of the range and type of handicapped students who are being served in the field today and the kinds of staff needed to serve them. Student teaching programs need to be developed cooperatively so that personnel will be experienced in the areas where jobs exist.

Universities have a unique opportunity to work with and train special education administrators on techniques for planning and conducting in-service training at the local level. This should be done cooperatively if it is to be relevant and effective. There are a number of strategies which can be used to meet these needs:

1. Visiting by university personnel to public and private school classrooms,
2. Involving university personnel on local school district committees for development of programs of special education students,
3. Establishing procedures through HEAC (Higher Education Advisory Committee) for greater communication between field personnel and university personnel concerning needs on both sides, e.g., teacher training, certification, in-service needs, and state of the art,

4. Encouraging local school districts to cooperate more fully and more openly in field-based experience, e.g., student teaching, apprentice and internship, and child studies,
5. Establishing local and regional sharing meetings concerning direct services offered to students by universities and local districts, and
6. Involving field people with university personnel in developing course content.

School Boards and Nonpublic Facilities

Local district boards of education continually make decisions which affect special education services. In order to intelligently make these decisions, boards need to be given the facts and various points of view surrounding the issues. Although this kind of input is seldom conceived as in-service, perhaps it would be more effective if we approached information giving sessions as an in-service activity.

The in-service needs for nonpublic facilities are similar to those needed by the boards: a complete overview. Very few nonpublic facilities have been included in the process of services offered to public schools. Intensive in-service must be provided so these facilities will know how they can have access to the existing system for providing services to all handicapped children.

There are several strategies which might be used in presenting information to the board:

1. Dramatizations (parent advocacy, "so you're in the thick of a parent/district suit")
2. Plays
3. Parent sharings
4. Filmstrips
5. Classroom demonstrations, e.g., simulations with stations
6. Lecture and visuals with statistics (numbers, costs)
7. Newsletter
8. Annual dinner meeting, e.g., issues specific to the board of education
9. Invitations to special education events
10. Special education representative attending joint agreement board meeting with a local district superintendent as a resource
11. Classroom visitations
12. Updated information for regular reporting by a director or superintendent to board of education
13. Special education parent as a board member or "board watcher"

There are five content areas to be considered for in-service training with school boards and personnel from nonpublic facilities.

Area I: Awareness

- a. Characteristics of the Handicapped
- b. Rights of the Handicapped
  - 1) Legislation
  - 2) Moral obligations
  - 3) Service alternatives
  - 4) Legal issues
  - 5) Litigation
  - 6) Individualized Education Programs

Area II: Identification

- a. Interpretation of Illinois Regulations
- b. Explanation of screening procedures

Area III: Diagnosis/Evaluation

- a. Interpretation of Illinois Regulations
- b. The Evaluation Process
- c. Placement Procedures (Least Restrictive Alternative)
- d. Due Process Procedures

Area IV: Service Delivery

- a. Interpretation of Illinois Regulations
- b. Program Alternatives
- c. Individualized Education Programs

Area V: Reassessment

- a. Evaluating child progress
- b. Evaluating program effectiveness and efficiency

Local Educational Agency Staff

During the past decade federal and state legislation regulations have changed from year to year. Because local education agency staffs have many responsibilities and daily pressures, it is difficult to find time to stay abreast of current changes which occur at the federal, state and local level. It is recommended, therefore, that in-service be a continuous activity for superintendents, building principals, special education administrators, special education teachers, regular classroom teachers, and pupil personnel services.

In-service for these target groups may be delivered under the five major areas defined by Public Law 94-142: awareness, identification, diagnosis/evaluation, service delivery, and reassessment. The section which follows has suggested content for in-service training for local educational agency staff in each of the five major areas.

Administrators

Area I: Awareness

- a. Definition and description of handicapped children and youth
- b. Legislation at state and federal levels
- c. Illinois Rules and Regulations
- d. Rights of Handicapped
  - 1) Moral Issues
  - 2) Cost Issues
  - 3) Legal Issues

e. Due Process

f. Litigation

g. Definition of effective in-service

h. Communication with staff

Area II: Identification

a. Knowledge of effective techniques and systems for identifying high risk students

b. Ability to recognize deviant behavior and refer appropriately

Area III: Diagnosis/Evaluation

a. Knowledge of criteria for effective case study evaluations

b. Role definitions of team members

c. Procedures for conducting effective and efficient multidisciplinary staffings

d. Skills for writing Individualized Education Programs

e. Maintenance of appropriate records

Area IV: Service Delivery

a. Knowledge of procedures for supervising service delivery models

b. Knowledge of methods for improving communications among staff, parents, and administrators

c. Ability to work appropriately and effectively with support personnel and multidisciplinary team

d. Ability to work effectively with a citizens' advisory council

e. Ability to analyze Individualized Education Programs

f. Ability to decide and discriminate line and staff responsibilities at the local district and joint agreement level so that appropriate people are contacted and involved at each level

g. Knowledge of techniques and methods appropriate for children with special needs

h. Knowledge of techniques for preparation and delivery of in-service

Area V: Reassessment

a. Knowledge of effectiveness of three-way communication process between teachers, parents and administrators

b. Knowledge of techniques in program evaluation e.g., evaluation comparing past to present services and projecting future needs and services

c. Knowledge of techniques in facilitating special education teacher accountability and evaluation procedures

Regular Classroom Teachers

Area I: Awareness

a. Knowledge of all areas of exceptionality

b. Knowledge of diagnostic instruments/tests typically used

c. Knowledge of the Illinois special education regulations as they apply

d. Knowledge of referral process

e. Knowledge of resources available

Area II: Identification

a. Ability to observe behavior systematically

b. Recognize deviant behavior and refer appropriately

c. Describe observable behavior in writing

Area III: Diagnosis/Evaluation

a. Ability to administer and interpret appropriate standardized, local, and informal tests

b. Ability to identify strengths and weaknesses in children's learning styles

c. Use of informal tools helpful in the identification and assessment of academic strengths and weaknesses

d. Develop diagnostic teaching skills

Area IV: Service Delivery

a. Use principles for organizing a classroom for individual or small group instruction

b. Apply behavior management techniques

c. Use support personnel effectively

d. Use instructional media appropriately

e. Evaluate, construct, and adapt teaching materials

f. Adapt teaching techniques to information known about how a particular child learns

g. Write Individualized Education Programs

h Learn effective communication techniques

Area V: Reassessment

a. Understand and use pre-post formal and informal data

b. Understand staffing/review process and teacher's role in it

Special Education Teachers

Area I: Awareness

a. Knowledge of regular classroom organization, structure, curriculum, teaching practices and styles

b. Knowledge of normative behavior at each age level

c. Knowledge of curricular materials

d. Knowledge of pupil personnel services and community resources

e. Knowledge of Illinois special education regulations

Area II: Identification

a. Knowledge of and skill with identification techniques

b. Ability to use a data base for identifying special students

c. Ability to describe observable behavior in writing

Area III: Diagnosis/Evaluation

a. Ability to administer, score, and interpret available psycho-educational tools

b. Conduct a complete diagnostic evaluation (formal and informal data) covering: oral language, reading, written language, spelling, writing, math, gross and fine motor, personal and social adjustment

c. Ability to communicate results of diagnostic evaluations in writing

d. Design and write Individualized Education Programs

e. Interpret results of evaluation to parents, teachers, child, administrators, and other staff members

Area IV: Service Delivery

a. Use options in classroom organization

b. Implement and adapt a range of behavior management techniques with individuals and groups

c. Implement and adapt new and effective teaching techniques

d. Learn effective communication/leadership techniques

e. Develop competency in the use of media (including audio-visual equipment)

f. Develop diagnostic teaching skills

g. Develop effective mainstreaming techniques

h. Understand longitudinal special education programming/services, preschool through high school (including pre-vocational and vocational needs)

Area V: Reassessment

a. Skills in measuring students' progress by formal and informal methods

b. Skills in interpreting, utilizing and reporting student progress data

Pupil Personnel Services

Area I: Awareness

a. Knowledge of regular and special education class organization, curriculum, curricular materials, teaching practices and styles

b. Working knowledge of the Illinois special education regulations

c. Knowledge of normative behavior at each age level

d. Knowledge of other pupil personnel services and community resources including parent groups

e. Knowledge of characteristics of exceptional children

f. Knowledge of continuum of services for special education, preschool through high school

g. Familiarity with tests and informal tools used by other disciplines

Area II: Identification

a. Ability to identify deviant behavior and refer appropriately

b. Develop interdisciplinary identification and communication skills

Area III: Diagnosis/Evaluation

a. Skill in evaluation techniques in the appropriate discipline

b. Skills in understanding, relating to and utilizing other disciplines on the case study evaluation team

Area IV: Service Delivery

a. Coordinate service delivery with other disciplines

b. Develop communication skills

Area V: Reassessment

a. Utilize pre-post formal and informal data to insure an effective, ongoing educational program

b. Understand staffing/review process and be a contributing member

Non-instructional Staff and Volunteers

Area I: Awareness

a. Knowledge of characteristics of exceptional children

b. Knowledge of first aid techniques and other medical implications

Area II: Identification

a. Special training for particular roles related to the identification process

b. Ability to handle confidential information appropriately

Area III: Diagnosis/Evaluation

Usually Not Applicable

Area IV: Service Delivery

a. Understand and use functional behavior management techniques

b. Perform record keeping duties

Area V: Reassessment

Not Usually Applicable

Parents

Parents are the first and natural educators of their child. They have the primary responsibility for the child and, therefore, are usually the first to recognize a problem. Parents are also the natural and necessary partners to the school in the diagnostic and educational process. They are in the unique position of having contact with the child in the home and with community agencies as well as with the

school. Parents can often fill a unique role in coordinating and forming a communication bridge between community services and the school.

There is a need for in-service for parents of handicapped students. Parents vary in their needs. Some parents are informed and willing, others uninformed and unwilling. Programs need to be designed to reach all parents and particularly those who are having difficulty understanding their child's needs and/or working with the school. These suggestions are meant to serve as possible alternatives. The content for in-service for parents of diagnosed learning disabled students might include:

1. General information about:
    a. Special education referral procedures and parents' roles
    b. Students' and parents' rights
    c. Special education services
    d. Community resource services
    e. Professional resources within the school
    f. Political avenues for coordinating action
    g. Special education parent group
2. Specific information about:
    a. The nature of learning disabilities
    b. The effect of the handicap on their child
    c. Effective methods for communicating with school personnel
    d. Homework problems, when and how to help

Parents of learning disabled students often need a vehicle through which to share their frustrations, anger, and failures with their handicapped child. Plays, discussion groups and concrete suggestions are among the techniques which may help parents share their feelings and find helpful suggestions. It can be helpful to specifically include siblings in these experiences. Book discussion groups, casette speeches, libraries of appropriate games and parent effectiveness training groups are other possible techniques.

Many parents appreciate contact with other more experienced parents to share on a more personal level their feelings and information about local parent or professional resources. Parents need to hear from professionals that their guilt feelings, frustration and anger are natural reactions with which they can cope, if given help. These kinds of experiences can be fostered by schools, parent groups, or community agencies.

Parents can provide several unique kinds of in-service experiences for school personnel. They are in a position to help the school develop an awareness of and empathy for the effects of the child's handicap in the home. Parent/school personnel discussion groups or a parent advocate may assist school personnel in understanding the problems and frustrations parents have in cooperating with certain requests. Gentle honesty and simple behavioral descriptions instead of judgments and jargon are some of the attributes parents find helpful in school personnel.

Parents have a unique perspective on the child's handicap and can provide school personnel with a validity check on diagnostic findings and presumed strengths and weaknesses. Parents are often also a rich resource for problem solving with their child. They have sometimes found ways of coping with the child's disability which the school can also use.

Finally, parents offer a unique point of view on program development. They are often aware of unusual social and academic needs of students and can provide administrators with suggestions for program content or organizational change.

Community Services

There is a need for articulation, communication and information sharing between human services in the community and the school. In-service to community services may help avoid duplication of services rendered and confusion because of conflicting information disseminated to parents. It may also have the positive effect of better service to the child and realistic, consistent recommendations to the parents regarding educational decisions. Community service organizations should include such groups as:

1. State or federally funded organizations
   - Department of Mental Health (DMH)
   - Law Enforcers
   - Youth service or guidance personnel
   - Department of Children and Family Services (DCFS)

2. General community resources

Medical profession (physicians, psychiatrists, etc.)

Volunteer organizations (boyscouts, YMCA, etc.)

Fraternal organizations (Rotary, Kiwanis, Lions, etc.)

Preschools, Nurseries, Day Care Centers.

The content for in-service for these groups might include such things as:

1. Awareness of State and Federal laws plus rules and regulations for special education.
2. Awareness of school services for the handicapped.
3. Role of community services in identification and referral of exceptional children. This should include specific information about the referral procedures.
4. Information on the academic, social/emotional, physical, behavioral aspects and implications of learning disabilities.
5. Awareness of and provisions for ongoing open lines of communication and coordination between home, school and community service.

Evaluating the Effectiveness of In-Service Training Efforts

An evaluation component must be built into any in-service plan in order to provide information about the effectiveness of the in-service training activities. Such an evaluation requires initial baseline information about the competencies or knowledge of each individual about to receive the in-service training. After the in-service training is completed, a post-instruction measure should be taken and compared with the baseline information. For example, it would be possible to count the number of parental contacts made by teachers before and after an in-service program on the importance of increased parental contact. Another technique for measuring effectiveness is the comparison of the number and variety of problem-solution alternatives written by a trainee before and after training.

It is helpful to get immediate positive and negative reactions to in-service sessions through questionnaires. However, it is dangerous to assume that a positive or negative reaction to any one session is an index of behavioral change. Therefore, it is important to combine both an immediate and a long-term feedback process to ascertain data on the permanency of changes in attitude and behavior.

In conclusion, in-service training should serve as a catalyst for improving the quality of service for learning disabled students and can do so if it is multifaceted, ongoing and targeted to all relevant groups.

APPENDICES

Appendix A

PL 94-142 LEARNING DISABILITY DEFINITION

"(9) "Specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage." (FR 94-142-121a.5)

Appendix B

SAMPLE REFERRAL FORM

DEPARTMENT OF PUPIL SERVICES

REFERRAL FOR PUPIL SERVICES

DATE_____

NAME_____AGE_____BIRTHDATE_____GRADE_____
Last First

Parent(s) or Guardian(s)_____Home Phone_____
Office_____

Home Address_____City_____

School District_____School_____Referring Teacher_____

REASON FOR REFERRAL_____

CHECK THE AREAS OF GREATEST CONCERN BELOW: (1-4), 1 is the greatest concern

_____ Personality-Behavior Characteristics

_____ On-Task Behaviors (approach, follow-through and completion of tasks)

_____ Academic Problems (reading, math, spelling)

_____ Processing Problems (perception, association, memory and problem solving)

UNDERLINE ITEMS DESCRIPTIVE OF STUDENT

1. Unaccountable underachievement
2. Frequent absences
3. Unhappiness or depression
4. Destroys property of others
5. Frequently lies or boasts
6. Often steals
7. Disrupts classroom procedure
8. Poor peer relations
9. Excessive timidity or quietness
10. Daydreams
11. Shows unusual anxiety, fearfulness, or tenseness
12. Loner
13. Highly sensitive to the reactions and criticisms of others
14. Cries easily
15. Lacks energy, appears tired
16. Unkempt appearance
17. Tries too hard to please others
18. Constantly seeks the attention and approval of others
19. Overly concerned with a sense of order and consistency
20. Tends to resist change
21. Shows fear of getting dirty
22. Displays facial or other bodily twitching or tics
23. Complains of headaches, stomach aches, etc.
24. Appears to be incapable of having fun
25. Speaks incessantly of a dislike for school
26. Immature and irresponsible in dealing with others

27. Defiant, impertinent, or disobedient in class
28. Teases, fights with, or bullies other children
29. Loud and boisterous
30. Irritable temperament or temper tantrums
31. Overly competitive with others
32. Frequent displays of jealousy
33. Has trouble with the police
34. Feelings of inferiority or inadequacy
35. Associates mainly with younger children
36. Inattentive in class
37. Has a short attention span
38. Easily gets discouraged or anxious in some learning task
39. Displays unusual behavior
40. Hyperactivity
41. Confusion in understanding or following directions
42. Appears to be uncoordinated
43. Reversals in reading and/or writing (particularly after age 7)
44. Confusion in recognizing right from left (particularly after age 7)
45. Inability to retain information
46. Inappropriate or delayed responses
47. Inability to organize self or materials
48. Difficulty in sexual identification or adjustment
49. Immature speech and/or language development

DESCRIBE STUDENTS' .....

a. Special abilities_____

_____

b. Other disabilities or problems not underlined above_____

_____

When and where does this student display the problems you have described? Be specific.

_____

_____

Does any particular kind of incident or situation precipitate this student's problems. Be specific.

_____

_____

How have you tried to assist this student? What worked? What did not work?

_____

_____

Check ( ) school service this student is currently receiving

___LD ___Speech and Language ___Social Work

___Tutoring ___Other (specify)_____

Check ( ) private service this student is currently receiving

___LD ___Speech and Language ___Social Work

___Tutoring ___Other (specify)_____

PLEASE CHECK ( ) PROBLEM AREA ONLY AND DESCRIBE CONCERNS IN AREAS CHECKED.

READING

_____Decoding _____Oral Reading

_____Sight Vocabulary _____Sight Reading

_____Comprehension _____Reading Rate

_____Inference

Description_____

_____

MATH

_____Facts _____Computation _____Concepts

Description_____

_____

_____SPELLING Description_____

_____SOCIAL STUDIES Description_____

_____SCIENCE Description_____

EXPRESSIVE SKILLS

_____Orally to teacher _____Written Expression

_____Orally to group _____Thought Formulation

Description_____

_____

WRITTEN EXPRESSION

_____Punctuation _____Spelling

_____Capitalization _____Sentence and Paragraph Formulation

Descripion_____

_____

COORDINATION

_____Fine Motor Description_____

_____Gross Motor Description_____

MEMORY Description_____

SHORT-TERM MEMORY Description_____

LONG-TERM MEMORY Description_____

ACHIEVEMENT TEST RESULTS

TEST Grade	Form	Level	Voc.	Rdg. Comp.	Word St.Sks.	Math Conc.	Math Comp.	Math Appl	Spell.	Lang.	Total Rdg.	Total Math	Total Btry.

INTELLIGENCE TEST RESULTS

Grade_____Test_____Local Stanine_____National Stanine_____

HEALTH HISTORY

Developmental History_____

_____

Current Attendance: _____Regular _____Irregular

Medical Examination: Date of last examination_____Physician_____

Vision: Date_____R_____L_____Tester_____

Hearing: Date_____R_____L_____Tester_____

Recommendations_____

Medical Findings (heart, lungs, glands, enuresis, muscular coordination, chorea, nervous conditions, etc.)

Comments_____

Do you wish to be included in the staffing of this child? ____Yes____No

_____ _____
Signature of School Nurse/Clerk Date

* * * * * * * * * * * * * * * * * * *

Has parental permission been obtained for this referral?

____Yes ____No Stipulation_____

Have parents received a copy of the regulations regarding a child study? ____Yes____No

By Whom_____Date_____

Comments by principal_____

_____

_____ _____
Signature of Principal Date

Appendix C

SAMPLE TEACHER REFERRAL FORM

Student's Name_____
Age_____
Birthday_____
Grade_____
Parent's Name_____
Address_____
Phone_____

School_____
Address_____
_____
Phone_____
Principal_____
Referred By_____

I. Describe what you would like the student to be able to do that he/she does not presently do.

II. Describe what the student can do (strengths) and what he/she cannot do (needs).

STRENGTHS	NEEDS

Teacher Referral Form (cont'd)

III. Describe what you have done to help the student cope with his/her problems.

IV. Previous Test Data

V. Other pertinent data (medical, developmental, etc.)

Appendix D

SAMPLE PARENT CONSENT FOR A COMPREHENSIVE CASE STUDY EVALUATION

I give my consent for my child,_____, birthdate_____, to be given a comprehensive case study evaluation which shall include, but not be limited to:

a. An interview with my child
b. Consultation with parents
c. A social developmental study, including an assessment of my child's adaptive behavior and cultural background.
d. A report regarding my child's medical history and current health status
e. A vision and hearing screening, completed at the time of the evaluation or within the previous six months
f. A review of my child's academic history and current educational functioning
g. An educational evaluation of my child's learning processes and level of educational achievement
h. An assessment of my child's learning environment
i. Specialized evaluations specific to the nature of my child's problems

A psychological evaluation by a certified school psychologist, with the extent to be determined by the individual situation, shall be required:

1. In order to place any child in a special education placement for children with mental impairment (See Illinois Revised Statutes, Chapter 122, Section 14-8.01)
2. In order to place any child in a special education instructional program.
3. In order to place any child in a special education placement for children with behavior disorders.
4. In order to place any child where there are questions about his or her intellectual functioning and/or learning capacity.

A psychological evaluation for all other children shall be considered optional.

The purpose of these evaluations is to gain further understanding of the factors effecting my child's performance in school in order to develop an appropriate plan to assist him/her. I have discussed these problems with a member of the school staff and I have received informational brochures for parents explaining the comprehensive case study evaluation process, parents' rights and a copy of Article X explaining the procedures for impartial due process hearings.

Signed_____

Relationship to Student_____

Address_____

Date_____

Appendix E

SAMPLE ASSESSMENT PLAN FORM

Student's Name_____ Teacher's Name_____

Grade Level_____

Assessment Objectives	Procedures	Who	When	Date Completed

Appendix F

SAMPLE COMPREHENSIVE CASE STUDY EVALUATION FORM

Name:	File #:	Eligible:
Birthdate:	School Attending:	Exam Date:
Age:	Grade:	
Sex:	Dist. of Residence:	Examiner:

REASON FOR REFERRAL

A. STUDENT INTERVIEW

B. CONSULTATION WITH STUDENT'S PARENTS

1. ASSESSMENT OF THE STUDENT'S LEARNING ENVIRONMENT

(Continued on Next Page)

Comprehensive
Case Study Evaluation - Page 2.

Name of Student_____

2. ACADEMIC HISTORY/CURRENT EDUCATIONAL FUNCTIONING

3. VISION AND HEARING EVALUATION

4. INTELLECTUAL LEVEL

5. SPEECH AND/OR LANGUAGE FUNCTIONING

6. SOCIAL DEVELOPMENTAL STUDY

7. MEDICAL HISTORY AND CURRENT HEALTH STATUS

8. LEARNING PROCESSES
(a. attention, b. discrimination, c. memory, d. multiple sensory integration, e. concept formulation, f. problem solving)

(Continued on Next Page)

Comprehensive
Case Study Evaluation - Page 3.

Name of Student_____

9. MOTOR SKILLS

10. SOCIAL/EMOTIONAL GROWTH/AFFECT

11. CULTURAL/ENVIRONMENTAL FACTORS

12. DISCREPANCIES IN PERFORMANCE

SUMMARY

RECOMMENDATIONS

Appendix G

Date_____ File No._____

SAMPLE MULTIDISCIPLINARY STAFF CONFERENCE FORM

Child's Name_____Birthdate_____Home District_____

Personnel Present (Name, Title, Agency), Local, Joint Agreement and Other:

_____

_____

_____

Parent Notified of Staffing by_____

Phone Notification_____(Date) Written Notification_____(Date)

Parent(s) Present at Staffing_____

PURPOSE OF CONFERENCE

A. Review of Case Study:
   1. Child's learning characteristics

   2. Sensory and motor skills

   3. Social/emotional status and behavior

B. Child's unique educational needs

(Continued on Next Page)

File No._____

C. Nature and degree of special education intervention needed (least restrictive environment)

Amount and type of integration with regular program

D. Individualized Education Program with specific objectives to be attained by the child (list personnel responsible)

E. Eligibility for special education program or services:

What?

Where?

Ineligible?

Why?

cc: Cumulative File
Special Education File
Parent
Local District Coordinator

_____
Teacher Consultant

SAMPLE PARENT INVITATION TO MULTIDISCIPLINARY STAFF CONFERENCE FORM

Date_____

Special Education
File No._____

Home District_____

Home School_____

Dear

Arrangements for a multidisciplinary staff conference on your child_____,

have been completed. The conference has been scheduled for:

Time_____Date_____at School_____

Address_____, Tel._____, District No._____

We would like to encourage you to attend and participate in this conference.

The purpose of the multidisciplinary staff conference is to discuss the special education program and to develop an individualized education program that will meet your child's learning and social/emotional needs.

If you have any questions, or cannot attend at the time selected, please contact my office.

Sincerely,

Special Education
Supervisor

cc: Student's File

Appendix I

SAMPLE CONSENT FORM FOR SPECIAL EDUCATION PLACEMENT

Re_____

Birthdate_____

I hereby authorize_____ to be placed
(Student's name)
in a special education instructional program at the earliest opportunity and hereby waive the ten (10) day waiting period required. I have received an understandable explanation of the educational plan for my child as attached, which included:

1. The results of the comprehensive case study evaluation.
2. The nature of the special education program or service needed by my child.
3. The recommendations for placement and the plan for implementing those recommendations.
4. My right to object to the proposed placement and the specific procedures in making such an objection, including the procedures for requesting an impartial due process hearing.

I understand I will be notified of any major changes in the instructional program and that I shall have the right to a review of the proposed program.

Signed_____

Relationship
to student_____

Address_____

Date_____

Appendix J
Sample 1

SAMPLE INDIVIDUALIZED EDUCATION PROGRAM
ANNUAL GOALS FOR SELF-CONTAINED SPECIAL PROGRAMS

Date_____ File No._____

Student's Name_____ Birthdate_____

Teacher_____ School_____

I. PURPOSE OF CURRENT PLACEMENT (Student's strengths & weaknesses)

II. SPECIFIC SPECIAL EDUCATION AND RELATED SERVICES TO BE PROVIDED
(Include plan for PE)

III. ACADEMIC AREAS (Include present levels of educational performance for each area)

1. Reading

Annual Goals	Methods & Materials	Measurement

2. Math

Annual Goals	Methods & Materials	Measurement

3. Communication Skills (Speech; oral and written language)

Annual Goals	Methods & Materials	Measurement

(Continued on Next Page)

Appendix J
Sample 1
(p.2)

INDIVIDUALIZED EDUCATION PROGRAM

4. Social Studies; Science

Annual Goals	Methods & Materials	Measurement

5. Motor Skills (Gross and Fine)

Annual Goals	Methods & Materials	Measurement

6. Conceptualization (Abstract reasoning skills, generalization)

Annual Goals	Methods & Materials	Measurement

IV. SOCIAL-EMOTIONAL ADJUSTMENT

Annual Goals	Methods & Materials	Measurement

V. AMOUNT AND TYPE OF INTEGRATION WITH REGULAR EDUCATION PROGRAM

VI. PROJECTED DATES FOR INITIATION OF SERVICE _____

ANTICIPATED DURATION OF SERVICE _____

VII. ATTACH SHORT TERM INSTRUCTIONAL OBJECTIVES (With appropriate objective criteria and evaluation procedures)

_____
Special Education Teacher Date

_____
Special Education Supervisor/IEP Manager

_____
Parent Date

cc: Cumulative File
S.E. File
Parent

Appendix J
Sample 2

SAMPLE INDIVIDUALIZED EDUCATION PROGRAM FORM

Date_____ File No._____

Student's Name_____ Birth Date_____

Teacher_____ School_____ Home District_____

I. PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

Child's Learning Characteristics

Social/Emotional Behaviors

Sensory and Motor Skills

II. ANNUAL GOALS - Personnel Responsible

(Continued on Next Page)

Appendix J
Sample 2
(Page 2)

INDIVIDUALIZED EDUCATION PROGRAM

Date_____ 19___ to 19____

Student's Name_____ File No._____

Grade Level_____ Birthdate_____

III. SPECIFIC SPECIAL EDUCATION AND RELATED SERVICES TO BE PROVIDED
(Least restrictive environment and PE)

IV. AMOUNT AND TYPE OF INTEGRATION WITH REGULAR PROGRAM

V. PROJECTED DATES FOR INITIATION OF SERVICE_____

ANTICIPATED DURATION OF SERVICE_____

VI. ATTACH SHORT TERM INSTRUCTIONAL OBJECTIVES FORM (See Appendix I, Sample B, p. 3)

_____ _____
DLS TEACHER (Date) TEACHER CONSULTANT (Date)

SHARED WITH PARENTS (Indicate date)_____, _____
(in person) (in writing)

_____. Initials_____
(by phone)

cc: Cumulative File
S. E. File
Parent
Local Dist. Coord.

APPENDIX J
Sample 2
(Page 3)
Date_____

SAMPLE INDIVIDUALIZED EDUCATION PROGRAM

SHORT TERM INSTRUCTIONAL OBJECTIVES

Student's Name_____ Long Term Goal_____

Teacher's Name_____ _____

Short Term Objectives	Special Education Procedures	Measurement Procedures	Date	
			Instr. Begun	Objective Achieved

Appendix J
Sample 3
Date_____

SAMPLE INDIVIDUALIZED INSTRUCTION/EDUCATION PROGRAM

FOR LEARNING DISABILITIES

Student's Name_____Age____School_____Dist._____LEVEL_____

Instructor_____

Student Profile Present level of functioning, strength/weakness based upon diag. info. teacher observation, etc. give source & dates	Content Area Basic skills, Academic, read., writing, arith., spell., social adaptation,	Instructional Objectives (date initiated)	Instructional Materials Instructional Materials and Procedures used, Modifications, Time allocation: min./hrs., daily	Evaluation Procedures Evaluation of Student Performance: Date mastered. New Recommendations, Modifications needed

REFERENCES

Deno, Evelyn, "Special Education as Developmental Capital, "Exceptional Children, 37, Nov., 1979, 235.

Chalfant, James C.; Pysh, Margaret V; Moultrie, Robert. Teacher Assistance Teams. Nebraska Monograph No. 1 Hastings, Nebraska, Title VI-G, 1978.

LISTS OF COMMITTEE MEMBERS AND FIELD-TEST SITES

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Dr. Madeleine Johnson	Chicago, Illinois	
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Mr. Roger Wagner	Elgin Unit District #46	Lee Schumacher
The Honorable Byron L. Wise	Rural Champaign County Educational Cooperative	Sandy Farkash Bob Alexander
Ms. Katie Wright	East St. Louis Area Joint Agreement	

SOURCES FOR SAMPLE FORMS

Chicago Public Schools

Crystal Lake Public Schools, District #47

Glenview Public Schools, District #34

LaGrange Area Department of Special Education

Northern Suburban Special Education District

Wilmette, District #39